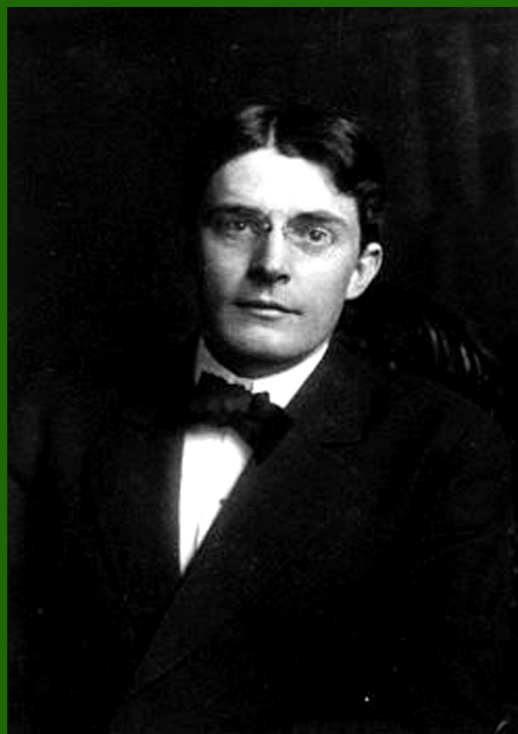




The International Journal of
INDIAN PSYCHOLOGY

Person of the Issue



John B. Watson (1878-1958)

Editor in Chief:
Prof. Suresh M. Makvana, PhD
Editor:
Ankit P. Patel

Scan this code in
your smart phone and
Submit Your Paper





The International Journal of
INDIAN PSYCHOLOGY

Volume 2

Issue 4, No. 3

July – September, 2015

Editor in Chief

Prof. Suresh M. Makvana, PhD

Editor

Ankit P. Patel

THE INTERNATIONAL JOURNAL OF INDIAN PSYCHOLOGY

This Issue (Volume 2, Issue 4, No. 3) Published, August, 2015

Headquarters;

REDSHINE Publication, 88, Patel Street, Navamuvada, Lunawada, Gujarat, India, 389230

Customer Care: +91 99 98 447091

Copyright © 2015, IJIP

No part of this publication may be reproduced, transcribed, stored in a retrieval system, or translated into any language or computer language, in any form or by any means, electronic, mechanical, magnetic, optical, chemical, manual, or otherwise, without the prior written permission of RED'SHINE Publication except under the terms of a RED'SHINE Publishing Press license agreement.

-- -- -- -- --

ISSN (Online) 2348-5396

ISSN (Print) 2349-3429

ZDB: 2775190-9

IDN: 1052425984

CODEN: IJIPD3

OCLC: 882110133

WorldCat Accession: (DE-600)ZDB2775190-9

ROAR ID: 9235

Impact Factor: 4.50 (ICI)

-- -- -- -- --

Price: 500 INR/- | \$ 8.00 USD

2015 Edition

Website: www.ijip.in

Email: info.ijip@gmail.com | journal@ijip.in

Please submit your work's abstract or introduction to (info.ijip@gmail.com | www.ijip.in)

Publishing fees, 500 INR OR \$ 8.33 USD only (online and print both)

Editorial Board

The Editorial Board is comprised of nationally recognized scholars and researchers in the fields of Psychology, Education, Social Sciences, Home Sciences and related areas. The Board provides guidance and direction to ensure the integrity of this academic peer-reviewed journal.

Editor-in-Chief :

Prof. Suresh M. Makvana, PhD

INDIA

*Professor, Dept. of Psychology, Sardar Patel University, Vallabh
Vidhyanagar, Gujarat,
Chairman, Board of Study, Sardar Patel University, Gujarat State*

Editor :

Mr. Ankit Patel,

Clinical Psychology
Author of 20 Psychological Books (National and International Best Seller)

INDIA

Editorial Advisors :

Dr. D. J. Bhatt

*Ex. Head, Professor, Dept. of Psychology, Saurashtra University, Rajkot,
Gujarat,*

INDIA

Dr. John Michel Raj. S

*Dean, Professor, Dept. of Social Science, Bharathiar University, Coimbatore,
Tamilnadu,*

INDIA

Dr. Tarni Jee

President, Indian Psychological Association (IPA)
Professor , Dept. of Psychology, University of Patana, Patana, Bihar,

INDIA

Prof. C.R. Mukundan, Ph. D, D. M. & S. P

*Professor Emeritus / Director,
Institute of Behavioural Science, Gujarat Forensic Sciences University,
Gandhinagar, Gujarat.
Author of 'Brain at Work'*

INDIA

Prof. M. V. R Raju,

Head & Prof, Dept. of Psychology, Andhra University, Visakhapatnam

INDIA

Co-Editor(s):

Dr. Samir J. Patel <i>Head, Professor, Dept. of Psychology, Sardar Patel University, Vallabh Vidhyanagar, Gujarat,</i>	INDIA
Dr. Ashvin B. Jansari <i>Head, Dept. of Psychology, Gujarat University, Ahmadabad, Gujarat,</i>	INDIA
Dr. Savita Vaghela <i>Head, Dept. of Psychology, M. K. Bhavanagar University, Bhavnagar, Gujarat,</i>	INDIA
Prof. Akbar Husain (D. Litt.) <i>Coordinator, UGC-SAP (DRS - I) Department of Psychology, Aligarh Muslim University, Aligarh</i>	INDIA
Dr. Sangita Pathak <i>Associate Professor , Dept. of Psychology, Sardar Patel University, Vallabh Vidhyanagar, Gujarat</i>	INDIA

Associate Editor(s):

Dr. Amrita Panda <i>Rehabilitation Psychologist, Project Fellow, Centre for the Study of Developmental Disability, Department of Psychology, University of Calcutta, Kolkata</i>	INDIA
Dr. Shashi Kala Singh, <i>Associate Professor, Dept. of Psychology, Ranchi University, Jharkhand</i>	INDIA
Dr. Pankaj Suvera <i>Assistant Professor. Department of Psychology, Sardar Patel University, Vallabh Vidhyanagar, Gujarat,</i>	INDIA
Dr. Subhas Sharma, <i>Associate Professor, Dept. of Psychology, Bhavnagar University, Gujarat</i>	INDIA
Dr. Raju. S <i>Associate Professor , Dept. of Psychology, University of Kerala, Kerala,</i>	INDIA
Dr. Yogesh Jogasan <i>Associate Professor, Dept. of Psychology, Saurashtra University, Rajkot, Gujarat,</i>	INDIA
Dr. Ravindra Kumar <i>Assistant Professor, Dept. of Psychology, Mewar University, Chittorgarh, Rajasthan,</i>	INDIA

Editorial Assistant(s):

Dr. Karsan Chothani <i>Associate Professor , Dept. of Psychology, C. U. Shah College, Ahmadabad,</i>	INDIA
--	-------

Gujarat,

Dr. R. B. Rabari <i>Head, Associate Professor, SPT Arts and Science College, Godhra, Gujarat,</i>	INDIA
Dr. Shailesh Raval <i>Associate Professor, Smt. Sadguna C. U. Arts College for Girls. Lal Darwaja, Ahmedabad, Gujarat.</i>	INDIA
Dr. Thiyam Kiran Singh <i>Associate Professor (Clinical Psychology), Dept. of Psychiatry, D- Block, Level- 5, Govt. Medical College and Hospital, Sector- 32, Chandigarh</i>	INDIA
Dr. Milan P. Patel <i>Physical Instructor, College of Veterinary Science and A.H., Navsari Agricultural University, Navsari, Gujarat,</i>	INDIA
Mr. Yoseph Shumi Robi <i>Assistant Professor. Department of Educational Psychology, Kotebe University College, Addis Ababa, KUC,</i>	ETHIOPIA
Dr. Priyanka Kacker <i>Assistant Professor, Neuropsychology and Forensic Psychology at the Institute of Behavioral Science, Gujarat Forensic Sciences University, Gandhinagar, Gujarat.</i>	INDIA
Dr. Ali Asgari <i>Assistant Professor. Department of Psychology, Kharazmi University, Somaye St., Tehran,</i>	IRAN
Dr. Ajay K. Chaudhary <i>Senior Lecturer, Department of Psychology, Government Meera Girls College, Udaipur (Raj.)</i>	INDIA
Dr. Asoke Kumar Saha, PhD <i>Chairman & Associate Professor, Department of Psychology, Jagannath University, Dhaka-1100,</i>	BANGLADESH
Peer-Reviewer(s):	
Dr. MahipatShinh Chavada <i>Chairman, Board of Study, Gujarat University, Gujarat State Principal, L. D Arts College, Ahmadabad, Gujarat</i>	INDIA
Dr. Navin Patel <i>Convener, Gujarat Psychological Association (GPA) Head, Dept. of Psychology, GLS Arts College, Ahmadabad, Gujarat,</i>	INDIA
Dr. M. G. Mansuri <i>Head, Dept. of Psychology, Nalini Arts College, Vallabh Vidhyanagar, Gujarat,</i>	INDIA
Dr. Bharat S. Trivedi, <i>Head, Associate Professor , Dept. of Psychology, P. M. Pandya Arts, Science, Commerce College, Lunawada, Gujarat,</i>	INDIA

Reviewer(s):

Lexi Lynn Whitson <i>Research Assi. West Texas A&M University, Canyon,</i>	UNITED STATES
Dr. Rūta Gudmonaitė <i>Project Manager, Open University UK, Milton Keynes, England,</i>	UNITED KINGDOM
Dr. Mark Javeth, <i>Research Assi. Tarleton State University, Stephenville, Texas,</i>	UNITED STATES

Online Editor(s):

Dr. S. T. Janetius, <i>Director, Centre Counselling & GuidanceHOD, Department of Psychology, Sree Saraswathi Thyagaraja College, Pollachi</i>	INDIA
Dr. Vincent A. Parnabas, <i>Senior Lecturer, Faculty of Sport Science and Recreation, University of Technology Mara, (Uitm), 40000 Shah Alam, Selangor.</i>	MALAYSIA
Deepti Puranik (Shah), <i>Assistant Director, Psychology Department, Helik Advisory LimitedAssociate Member of British and European Polygraph Association.</i>	INDIA
Mr. Ansh Mehta, <i>Autism & Behavioral Science, George Brown College</i>	CANADA
Dr. Santosh Kumar Behera, <i>Assistant Professor, Department of Education, Sidho-Kanho-Birsha University, Purulia, West Bengal</i>	INDIA
Heena Khan <i>Assistant Professor, P.G. Department of Psychology, R.T.M. Nagpur University, Nagpur, Maharashtra</i>	INDIA
Dr. Jay Singh <i>Assistant Professor (Psychology, Govt. Danteshwari PG College, Dantewada, Chhattisgarh</i>	INDIA
Dr. Soma Sahu <i>Lecturer, Teaching Psychology, Research Methodology, Psychology Dept. Bangabasi College, Kolkata</i>	INDIA
Dr. Varghese Paul K, <i>Head, P.G. Dept. of Psychology, Prajyoti Niketan College, Pudukad, Aided & Affiliated to University of Calicut, Kerala,</i>	INDIA

Message from Editors

Welcome to **Volume 2, Issue 4**. Throughout this period, IJIP focused on improving our policies, format and facilities provided, keeping in mind our authors; because we love our authors and our authors love us!

Our main purpose is to put forward a variety of psychological ideas and researches to the world. We also aim to develop meaningful relationships with good publications around the world. We do this with the aim of providing advantage to us and to them. Some of the major publishers and institutes we have tried to connect to be **WHO, APA, Google Scholar, Academia, OAJI and Research Bible, Amazon, Google Play, iTune, etc.** We have also been given a chance to work with Publishing Police at a very low cost and high quality benefits.

IJIP has been rewarded with a No. 1 position with a score of **19.67** on the **Directory of Science** which lists the top 100 science journals throughout the world. Our **impact factor is 4.50**, evaluated by Index Copernicus International, from Warsaw, Poland.

In the following issue experts in varying fields of psychology have shared their ideas related to psychological problems and their solutions. We are grateful to these authors for allowing us to publish their researches and ideas in this issue. We would also like to thank other writers, and our beloved readers for providing a strong support and being a part of team.

Prof. Suresh Makvana, PhD*

(Editor in Chief)

Mr. Ankit Patel**

(Editor)

*Email: ksmnortol@gmail.com

**Email: info.ankitpatel@asia.com

Index of Volume 2, Issue 4, No.3

No.	Title	Author	Page No.
1	Person of the Issue: John B. Watson (1878-1958)	Ankit Patel	01
2	Relationship of Attachment Styles and Locus of Control among Third Year Girls of Secondary School	Maryam Hazrati Nasibeh Parvin	06
3	Ego Strength and Anxiety among Working and Non-working Women	Balvant M. Chhansiya Yogesh A. Jogsan	16
4	The Relationship between Self-Belief, Belief in Continuity, Self-Blame, Stability, Mysterious Pain and Intensity of Chronic Pain Disorder	Mohammad Kianbakht Ghasem Ansarinia Shiva Nematpour kapourchal	24
5	Family Dysfunction and Childhood Abuse and Trauma among Offenders	Behanan, S. E. Rejani, T.G	32
6	World Mental Health Day	Dr. Meghamala. S. Tavaragi Mrs. Sushma.C Dr. Susheelkumar V. Ronad	44
7	Optimism, Gratitude and Emotional Intelligence as Correlates of Self-Confidence of Early Adults	Priti Sharma Sanjay Kumar	56
8	Cognitive Impairment in Schizophrenia: An Overview of Assessment and Management	Susmita Halder Akash Kumar Mahato	64
9	A Theoretical Approach to Management of Examination Phobia among High School Students	Sindhu P	73
10	Connectivism: A Review	Mina Khatibi Mahboobeh Fouladchang	82
11	Effect of Social Stories on Social Skills of children with Autism Spectrum Disorder	Anu Aggarwal Babita Prusty	93

12	Mental Health and Academic Achievement of College Students	Dr. Shashi Kala Singh	112
13	Impulsiveness of Different Sociometric Groups among Secondary School Students	Shafeeqa bano	120
14	The Use of 'F'-Word among High School Students	Chetan S.V. Atiya Fathima	131
15	Gibson's Ecological Theory of Development and Affordances: A Brief Review	Mina Khatibi Razieh Sheikholeslami	140
16	Type of Education, Locus of Control and Optimistic - Pessimistic Attitude among Undergraduate College Students	Mr. Vinayak M. Honmore Dr. M. G. Jadhav	145
17	Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against 16/12 Gang Rape, New Delhi	Kiran Sakkar Sudha	153
18	Religiosity as a Predictor of Emotional Stability among Adolescence	Nancy Agrawal Kehksha	183
19	Psychosocial Models of Gender Development	Firdos Jehan Mustafa Nadeem Kirmani	189

Disclaimer

The views expressed by the authors in their articles, reviews etc in this issue are their own. The Editor, Publisher and owner are not responsible for them. All disputes concerning the journal shall be settled in the court at Lunawada, Gujarat.

The present issue of the journal is edited & published by RED'SHINE Publication (A unit of RED'MAGIC Networks. Inc) at 86/Shardhdha, 88/Navamuvada, Lunawada, Gujarat-India, 389230

Copyright Notes

© 2015; IJIP Authors; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.



www.ijip.in

Person of the Issue: John B. Watson (1878-1958)

Ankit Patel¹

	January 9, 1878
Born	Travelers Rest, South Carolina
	September 25, 1958 (aged 80)
Died	New York City, New York
Nationality	American
Doctoral advisor	J. R. Angell ¹
Education	University of Chicago



John B. Watson grew up in South Carolina. While he later described himself as a poor student, he entered Furman University at the age of 16. After graduating five years later with a master's degree, he began studying psychology at the University of Chicago. Watson earned his Ph.D. in psychology in 1903.

Watson began teaching psychology at John Hopkins University in 1908. In 1913, he gave a seminal lecture at Columbia University titled *Psychology as the Behaviorist Views It*, which essentially detailed the behaviorist position.

According to John Watson, psychology should be the science of observable behavior. "Psychology as the behaviorist views it is a purely objective experimental branch of natural science. Its theoretical goal is the prediction and control of behavior. Introspection forms no essential part of its methods, nor is the scientific value of its data dependent upon the readiness with which they lend themselves to interpretation in terms of consciousness," he explained (1913).

¹Cilinal Psychology, Sardar Patel University, Gujarat

¹ Classics in the History of Psychology": "Watson obtained his Ph.D. under the supervision of Angell 1903.

Person of the Issue: John B. Watson (1878-1958)

Watson remained at John Hopkins University until 1920. He had an affair with Rayner, divorced his first wife and was then asked by the university to resign his position. Watson later married Rayner and the two remained together until her death in 1935. After leaving his academic position, Watson began working for an advertising agency where he remained until he retired in 1945.

During the later part of his life, John Watson's already poor relationships with his children grew progressively worse. He spent his last years living a reclusive life on a farm in Connecticut. Shortly before his death, he burned many of his unpublished personal papers and letters.

Contributions to Psychology

Watson set the stage for behaviorism, which soon rose to dominate psychology. While behaviorism began to lose its hold after 1950, many of the concepts and principles are still widely used today. Conditioning and behavior modification are still widely used in therapy and behavioral training to help clients change problematic behaviors and develop new skills.

Watson earned his Ph. D. from the University of Chicago in 1903. In his dissertation, "Animal Education: An Experimental Study on the Psychical Development of the White Rat, Correlated with the Growth of its Nervous System" he described the relationship between brain myelination and learning ability in rats at different ages. Watson showed that the degree of myelination was largely related to wand learning. He discovered that the kinesthetic sense controlled the behavior of rats running in mazes. In 1908, Watson was offered and accepted a faculty position at Johns Hopkins University and was immediately promoted to chair of the psychology department.

"Little Albert" experiment (1920)

In his most famous and controversial experiment, known today as the "Little Albert" experiment, John Watson and a graduate assistant named Rosalie Rayner conditioned a small child to fear a white rat. They accomplished this by repeatedly pairing the white rat with a loud, frightening clanging noise. They were also able to demonstrate that this fear could be generalized to other white, furry objects. The ethics of the experiment are often criticized today, especially because the child's fear was never deconditioned.

Person of the Issue: John B. Watson (1878-1958)

In 2009, researchers were able to identify Little Albert as a boy named Douglas Merritte. The question of what happened to the child had intrigued many for decades. Sadly, the researchers found that the child died at age six of hydrocephalus, a medical condition in which fluid builds up inside the skull.

In 2012, researchers presented evidence that Merritte suffered from neurological impairments at time of the Little Albert experiment and that Watson may have knowingly misrepresented the boy as a "healthy" and "normal" infant.

Timeline

Years	Happenings
9 Jan 1878	John B. Watson was born in Greenville, South Carolina.
1 Jan 1891	Watson's father left the family.
1 Jan 1894	Got acceptance from Furman University.
1 Jan 1899	Graduated from Furman University.
Jan 1 1900	Began studying at Chicago University.
Jan 1 1901	Watson majored in psychology and minored in philosophy and neurology at the University of Chicago.
Jan 2 1901	He married Mary Ikes.
Jan 1 1903	Graduated from Chicago University with a PhD in experimental psychology.
Jan 1 1905	Dr. Watson's first child, Mary, was born.
Jan 1 1905	Enrolled at John Hopkins University.
Jan 1 1906	Watson was hired as an instructor at the University of Chicago
Jan 1 1907	Watson was hired as an associate professor of psychology at John Hopkins University. (It was here that he became known as the Founder of Behaviorism.)
Jan 1 1914	He published Behavior: An Introduction to Comparative Psychology.
Jan 1 1914	Watson became the President of the American Psychological Association.
Jan 1 1916	Dr. Watson began his study on mental illnesses.
Jan 1 1919	Watson published Psychology From the Standpoint of a Behaviorists.

Person of the Issue: John B. Watson (1878-1958)

Jan 1 1920	Watson was dismissed from John Hopkins University
Jan 1 1920	He published the "Little Albert" Experiment.
Jan 1 1921	Moved to New York.
Jan 1 1924	Watson became Vice President of J Walter Thompson Agency.
	He published Behaviorism.
Jan 1 1928	Watson published the Psychological Care of Infant and Child.
Jan 1 1945	He retired as Vice President of William Esty Agency.
Jan 1 1957	John Watson was awarded the gold medal from the American Psychological Association for his contributions to the field of psychology.
Sep 25 1958	Watson died in New York City.

"Give me a dozen healthy infants, well-formed, and my own specified world to bring them up in and I'll guarantee to take any one at random and train him to become any type of specialist I might select--doctor, lawyer, artist, merchant-chief, and, yes, even beggarman and thief, regardless of his talents, penchants, tendencies, abilities, vocations, and race of his ancestors. I am going beyond my facts and I admit it, but so have the advocates of the contrary and they have been doing it for many thousands of years."

–John B. Watson, Behaviorism, 1930

Achievements and Awards

- 1915 – Served as the President of the American Psychological Association (APA)
- 1919 – Published *Psychology From the Standpoint of a Behaviorist*
- 1925 – Published *Behaviorism*
- 1928 – Published *Psychological Care of Infant and Child*
- 1957 – Received the APA's award for contributions to psychology

Reference

- John B. Watson. (2015). The Biography.com website. Retrieved 10:25, Jul 04, 2015, from <http://www.biography.com/people/john-b-watson-37049>.
- John B. Watson". Encyclopædia Britannica. 2011. Retrieved 2012-10-21.
- Watson, J.B. (1903). *Animal Education*, Chicago: University of Chicago Press.
- John B. Watson. (2015). Psychology.About.com, website. Retrieved 10:25, Jul 04, 2015 from <http://psychology.about.com/od/profilesofmajorthinkers/p/watson.htm>
- John B. Watson. (2015). TimeToast.com. Retrieved 10:25, Jul 04, 2015 from <http://www.timetoast.com/timelines/john-b-watson--2>
- Watson, J. B. (1913). "Psychology as the Behaviorist Views it.". *Psychological Review* 20: 158–177. doi:10.1037/h0074428.
- Kintsch, Walter; Cacioppo, John T. (1994). "Introduction to the 100th Anniversary Issue of the *Psychological Review*". *Psychological Review* 101 (2): 195–199. doi:10.1037/0033-295x.101.2.195.
- Murray, D. J. (1988). *A history of western psychology*. New Jersey: Prentice Hall.
- Watson, J.B. (1925). *Behaviorism*. New York, NY: W.W. Norton & Company, Inc. 180-190
- Crain, W. (2010). *Theories of development: Concepts and applications*, 6th ed. Upper Saddle River, NJ: Prentice Hall.
- Watson, J. B. (1930). *Behaviorism* (Revised edition). Chicago: University of Chicago Press.
- Santrock, J. W. (2008). *Adolescence*. New York: The McGraw-Hill Companies, Inc.
- Harris, B. (2014). Rosalie Rayner, feminist? *Revista de Historia de la Psicología*, 35, 61-69.
- Watson, John B.; Rayner Watson, Rosalie (1921). "Studies in Infant Psychology". *The Scientific Monthly* 13 (6): 493–515.
- Watson, J. B.; Rayner, R. (1920). "Conditioned emotional reactions". *Journal of Experimental Psychology* 3: 1–14. doi:10.1037/h0069608.
- Gary Irons, et al. "Little Albert: A Neurologically Impaired Child." *History Of Psychology* 15.4 (2012): 302-327.
- John B. Watson. (2015). Wikipedia.org, website. Retrieved 10:25, Jul 04, 2015, from https://en.wikipedia.org/wiki/John_B._Watson

Photo Credit by: Wikipedia.Org

Relationship of Attachment Styles and Locus of Control among Third Year Girls of Secondary School

Maryam Hazrati¹, Nasibeh Parvin²

ABSTRACT

Background: Attachment is an emotional bonding between child and his mother and quality of this relationship may impact the psychological wellbeing of child in next steps of life. Main purpose of this study was to study the Relation of attachment styles (secure, avoidant, anxious and ambivalent) and locus of control (Internal-External) among third year girls of secondary school in Iran.

Materials and Methods: The Sample of the present research was selected by Random sampling method from 3 educational regions north, center and south of Tehran. The total sample consisted of 305 students. Two questionnaires were used, including revised Adult attachment scale (secure, avoidant and anxious/ambivalent) by Collins and read (1990) and locus of control questionnaire by Julian Rotter (1966-1972). Regarding analysis of Hypothesis, Pearson correlation test and multiple regression were conducted.

Results: The result indicated that secure attachment style maintains no relationship with internal locus of control. While, avoidant attachment style maintain a meaningful positive relation with external locus of Control. No meaningful relation was found between attachment style and locus of control adolescents and their parent's age. A positive meaningful relation was found between adolescents' attachment style and their parent's educational levels. Father's high educational level (MSc, PhD) showed a positive relation with anxious/ambivalent attachment style. Additionally, fathers' low educational level (diploma and lower degrees), showed a positive relation with secure attachment style. The mother's high educational level showed positive relation with anxious ambivalent attachment style. No relation was found between adolescent locus of control and parent's education and parent's job.

Keywords: *Attachment styles, Locus of Control, Adolescent*

¹Department of Psychology, University of Alzahra, Tehran, Sherafati St, Iran

²Department of Clinical Psychology, University of Tehran, Tehran, Keshavarz Blvd

Relationship of Attachment Styles and Locus of Control among Third Year Girls of Secondary School

In developmental psychology, attachment is discussed as specific bonding between child and his main caregiver and child will use caregiver as a shelter in distress times and may show anxiety symptoms while he sense separation. Attachment is an ambivalence connection, a constant emotional bonding between child and caregiver that both of them are effective in marinating the quality of this relationship. Attachment is an emotional bonding between mother and child, which is the insurance of psychological hygiene of an individual. **Secure attachment** style can be discussed as Children who are securely attached generally become visibly upset when their caregivers leave, and are happy when their parents return. When frightened, these children will seek comfort from the parent or caregiver. **Ambivalent/Anxious Attachment** When parents or caregivers interact with their children in ways that are inconsistent and unpredictable, the children develop ambivalent/anxious attachment patterns. Attachments researchers describe the behavior of these adults, noting how at times they are nurturing, attuned and respond effectively to their child's distress, while at other times they are intrusive, insensitive or emotionally unavailable. Finally, infants with an **Avoidant attachment** style do not exhibit distress upon separation and do not seek contact after the caregiver's return (1).

According to development psychology findings, an adolescent is a vital era between childhood and adulthood. Onset of this period can be notified firstly by dramatic physical changes and end of it can be identified as forming a proper mental structure and some social/emotional alteration.

Rotter(2) discussed locus of control for the first time. There to two kind of control: 1.Internal 2.External. Individuals who tend to have internal locus of control are the ones who accept the responsibility of their actions and they refer the result to internal factors. On the contrary, Individuals who put responsibility on external factors rather than themselves tend to have external locus of control(3). According to recent findings, supporting and warm style of parenthood maintain a positive relation with internal locus of control (4). According to recent studies, secure attachment styles have a positive relation with psychological wellbeing of individuals, so this study may help mothers to create a secure attachment style with their children (5). A lot of studies have been conducted regarding attachment styles and mental wellbeing but there are a few studies regarding attachment styles and locus of control in individuals. According to recent studies, individuals with internal locus of control, tend to be more adaptive and have higher social skills. Thus, they have higher successful marriage and they are more effective in their educational process (6).

Main purpose of this study was to study the Relation of attachment styles (secure, avoidant and anxious/ambivalent) and locus of control (Internal-External) among third year girls of secondary school in Iran.

MATERIALS AND METHODS:

Current study is a descriptive co relational study. The Sample of the present research was selected through Random Cluster sampling method from 3 educational regions north, center and south of Tehran. Statistical society of this study consisted from 3rd grade of secondary school in city of Tehran between 2004-2005. Collins and Read (1990) gathered demographic data through Revised Adult Attachment Scale (RAAS) (7).

Adult Attachment Scale (AAS) was officially developed in 1990 but built on the earlier work of Hazen & Shaver (1987) and Levy & Davis (1988). The scale was developed by decomposing the original 9 three-prototypical descriptions (Hazen & Shaver, 1987) into a series of 18 items (8). The scale consists of 18 items scored on a 5 point likert-type scale. It measures adult attachment styles named "Secure", "Anxious" and "Avoidant", defined as:

- Secure = high scores on Close and Depend subscales, low score on Anxiety subscale
- Anxious = high score on Anxiety subscale, moderate scores on Close and Depend subscales
- Avoidant = low scores on Close, Depend, and Anxiety subscales

The 18 items that compromise the measure are as follows:

- I find it difficult to allow myself to depend on others (Av)
- People are never there when you need them (Av)
- I am comfortable depending on others (S)
- I know that others will be there when I need them (S)
- I find it difficult to trust others completely (Av)
- I am not sure that I can always depend on others to be there when I need them (Ax)
- I do not often worry about being abandoned (S)
- I often worry that my partner does not really love me (Ax)
- I find others are reluctant to get as close as I would like (Ax)
- I often worry my partner will not want to stay with me (Ax)
- I want to merge completely with another person (Ax)
- My desire to merge sometimes scares people away (Ax)
- I find it relatively easy to get close to others (S)
- I do not often worry about someone getting close to me (S)
- I am somewhat uncomfortable being close to others (Av)
- I am nervous when anyone gets too close (Av)
- I am comfortable having others depend on me (S)
- Often, love partners want me to be more intimate than I feel comfortable being (Av)

Reliability and Validity: Collins & Read (1990) reported Cronbach's alpha coefficients of .69 for Close, .75 for Depend, and .72 for Anxiety. Test-retest correlations for a 2-month period were .68 for Close, .71 for Depend, and .52 for Anxiety (9).

Locus of control questionnaire: Locus of control is a personality dimension originally described by Julian Rotter (1966). According to Rotter, people vary in regard to how responsible they feel for their own fate. Individuals with an internal locus of control tend to believe that people are responsible for their successes and failures. Conversely, people with a relatively external locus of control tend to attribute successes and failures to luck, chance or fate. The scale you just responded to was developed by Stephen Nowicki and Marshall Duke (1974) in order to remedy some technical problems that were characteristic of the original Rotter (1966) scale. Like the original, it measures one's belief about whether events are controlled internally or externally.

RESEARCH ON THE SCALE

Reports on test-retest reliability (Chandler, 1976; Nowicki & Duke, 1974) have yielded very respectable figures (such as .83 over a six-week period). While the original Rotter (1966) scale was plagued by a tendency for subjects to give socially desirable responses, the Nowicki and Duke version seems to have minimized this problem. The validity of the scale has been supported by evidence that it correlates well with the original Rotter scale, and that it is related to other variables in the same way that the original scale was (10).

Locus of control has been related to a wide range of variables. One of the more interesting is race. Generally, Blacks score more toward the external end than do Whites (Duke & Nowicki, 1972). Presumably, this is because Blacks are more likely to be victims of discrimination wherein they do not get rewards that they feel that they have earned. There is also evidence that external locus of control is related weakly to neuroticism and anxiety. Internal locus of control has been shown to be associated with greater academic achievement.

INTERPRETING YOUR SCORE

The norms are based on data collected by Nowicki and Duke (1974) for 154 Caucasian college students. Additional studies suggest that Blacks and other ethnic minorities should probably shift the score cutoffs upward by about five points.

Norms

External Score **16-40** (more than 1.50 standard deviations above the mean)

Intermediate Score: **7-15** (from 0.75 standard deviations below the mean up to 1.50 standard deviations above the mean)

Internal Score: **0- 6** (more than 0.75 standard deviations below the mean)

Relationship of Attachment Styles and Locus of Control among Third Year Girls of Secondary School

External Scorers: A score above 15 suggests that you have a fairly strong belief that events are beyond your control. In other words, you do not feel that there is much of a connection between your behavior and your outcomes. As discussed in your text, this means that you are relatively less likely than others to take credit for your successes or to take the blame for your failures. Instead, you tend to believe that success and failure are primarily a matter of luck and chance breaks (11).

Intermediate Scorers: A score in this range means that you have inconsistent views about the degree to which you control your own fate. You probably believe that you do control your own fate in some areas of your life, while believing that you have little control in other areas.

Internal Scorers: A score below 7 indicates that you have a firm belief in your ability to influence your outcomes. Your relatively internal score means that you generally do not attribute your successes and failures to good and bad luck or chance factors. Instead, you feel that you can influence the course of what happens to you. As mentioned in Chapter 3 of your text, an internal locus of control is associated with relatively great stress tolerance (12).

FINDINGS:

In this study, regarding assessing the relationship between attachment styles and locus of control we used Pearson's correlation coefficient and regarding assessing parent's age and education variables (attachment styles, locus of control) we used regression statistical model. According to statistical data on Table no1 it can be discussed that frequency of father's age is as illustrated below:

Level	Frequency	Percentage
30-35 years old	17	5/7
36-40 years old	100	33/8
41-45 years old	95	32/1
46-50 years old	46	15/5
More than 51	38	12/8
Without answer	9	-
Total	305	100

Table No 1: Frequency of Father's age in statistical sample

According to statistical data on Table no1 it can be discussed that frequency of mother's age is as illustrated below:

Level	Frequency	Percentage
24-30 years old	20	6/7
31-35 years old	95	32
36-40 years old	104	35
41-45 years old	53	17/8
More than 46	25	8/4
Without answer	8	-
Total	305	100

Table No 2: Frequency of Mother's age in statistical sample

Regarding education level of fathers, 214(70.4%) individuals had low educational level (Diploma and below), 67 (22%) individual had an average(Upper diploma and Bachelor degree) educational level, 23 individuals (7.6 %) had upper educational level(Master degree or Upper degrees). With respect to mother's educational level, 245(80.9%) individuals had low educational level (Diploma and below), 48 (15.8%) individual had an average (Upper diploma and Bachelor degree) educational level, 10 individuals (1.3%) had upper educational level (Master degree or Upper degrees).

According to Table No3, it can be discussed that 197(75.8%) of individuals had internal locus of control and 63 individuals (24.2 %) had an external locus of control.

Levels	Frequency	Percentage
Internal locus of Control	197	75.8
External locus of Control	63	24.2
Without answer	45	-
Total	305	100

TableNo3 Frequency of Locus of Control

According to Table No4, frequency of attachment's styles in statistical samples is as mentioned below.

Level	Frequency	Percentage
Secure	13	4.6
Avoidant	169	59.7
Anxious	101	35.7
Without Answer	22	-
Total	305	100

TableNo4 Frequency of Attachment of styles

Attachment Style/ Locus of Control	Secure		Avoidant		Anxious		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Internal	7	2.9	101	41.7	73	30.2	181	74.8
External	3	1.2	43	17.8	15	6.2	61	25.2
Total	10	4.1	144	59.5	78	36.4	242	100

Table No5 Frequency of Attachment styles and locus of Control

According to Table No5, it can be discussed that majority of individuals (101, 41.7%) with internal locus of control had an avoidant type of attachment. Furthermore, majority of people (43,17.8%) with external locus of control had an avoidant attachment style.

	Locus of Control	Secure attachment style	Avoidant attachment style	Anxious Attachment style
Locus of Control	----	0.03	0.11	0.20
Secure attachment style	----	----	0.24	-0.13
Avoidant attachment style	0.05	0/01	----	-0.21
Anxious Attachment style	0.05	0.01	0.02	----

Table No6 Correlation Matrix- Studying the relationship of Attachment styles and Locus of Control

Relationship of Attachment Styles and Locus of Control among Third Year Girls of Secondary School

According to Table No6, it can be inferred that in meaningfulness level of $\alpha = 0.05$, there is positive relation between locus of control with avoidant and anxious attachment style. Thus, with elevating external locus of control, avoidant and anxious attachment style will be increased. Although, there is not meaningful relationship between locus of control with secure attachment style. According to analyzed data and significance of $F(1.43)$ and in meaningfulness level of $\alpha = 0.05$ it can be discussed that locus of control cant be forecasted according to parent's age. According to analyzed data and significance of $F(1.43)$ and in meaningfulness level of $\alpha = 0.05$ it can be discussed that locus of control cant be forecasted according to parent's age. With respect to analyzed data and significance of $F(0.44)$ and in meaningfulness level of $\alpha = 0.05$ it can be discussed that secure attachment style cant be forecasted according to parent's age. According to analyzed data and significance of $F(0.16)$ and in meaningfulness level of $\alpha = 0.05$ it can be discussed that avoidant attachment style cant be forecasted according to parent's age. According to analyzed data and significance of $F(0.16)$ and in meaningfulness level of $\alpha = 0.05$ it can be discussed that anxious attachment style cant be forecasted according to parent's age.

DISCUSSION:

According to analyzed data of this study, secure attachment style, avoidant; anxious/ambivalent has a relationship with internal/external locus of control. After this study, we reached the result that there is no relation between secure attachment style and internal locus of control and this is against of research's hypothesis. A lot of studies accept this hypothesis and they show positive meaningful relationship between secure attachment style and internal locus of control (13,14,15). Devila (16) assessed the concept that does attachment's style change during life time coarse. The results showed that attachment style may change during lifetime and this change may differ between different people. A second hypothesis was about relationship of avoidant attachment style and external locus of control. According to statistical data, there is a positive relationship between avoidant attachment style and external locus of control. Correlation rate in ($\alpha = 0.05$) is $r = 0.11$ and based on former studies in order to confirm the hypothesis of this study we can mention study conducted by Jenice Kennedy(17). In his study he discussed that students with insecure attachment style assess the positive events as external, inconsistent and they assess negative events as internal, consistent and general. In another studies(18), the results were against current results. In that study, Chinese intern teachers assessed events based on focusing more on successful events rather than failures. Based on researches, people with external locus of control tend to experience more social, educational and occupational opportunities and they surrender themselves more quickly to adverse events. They demonstrate aggressive and irritable attitudes toward social pressures. Based on third hypothesis, Anxious/ambivalent attachment style maintains a relationship with external locus of control. After assessing this hypothesis, this result came out that there is positive relationship between anxious/ambivalent style and external locus of control. Result of this study is consistent with the result of the study conducted by Kennedy (19). In their study the reached this result that students tend to assess the positive

Relationship of Attachment Styles and Locus of Control among Third Year Girls of Secondary School

events as external, inconsistent and special and vice versa. One of the limitations of this study is lack of access toward simple test for youths, lack of former history regarding this subject. And it would be better to conduct this study by interview rather than questionnaire. It would be better to conduct this study in bigger samples. Because each society tend to possess specific cultural background, it would be better to mention religious beliefs in questionnaire regarding locus of control.

ACKNOWLEDGMENT:

Authors of this study are using this opportunity to express their gratitude to everyone who supported them throughout the course of this study.

REFERENCE:

- Bartholomew. K (1990), Avoidance of Intimacy, An Attachment Perspective. Jurnal of Social & Personality Relation Ship, 7, 141 - 178.
- Bartholomew. K (1990), Avoidance of Intimacy, An Attachment Perspective. Jurnal of Social & Personality Relation Ship, 7, 141 - 178.
- Bee, Helen, (2000), The Developing Child Book, Ninth Edition Copyright (2000) by Allen & Bacon. Apearson Education Company.
- Bee, Helen, (2000), The Developing Child Book, Ninth Edition Copyright (2000) by Allen & Bacon. Apearson Education Company.
- Beyer, Shifrl. B & Hester, Colleen, (1996), Shame and the Realtion of thoughts: Astudy of their Relation Ship to Attachment, Main Menu JPBS (1996) Contents.
- Beyer, Shifrl. B & Hester, Colleen, (1996), Shame and the Realtion of thoughts: Astudy of their Relation Ship to Attachment, Main Menu JPBS (1996) Contents.
- Brennan, Kelley, A. Shaver, Philip, R (Oct 1993), Attachment Styles and Personality Disorder, Their Connections to Each Other and to Parental Death, and Perception of Parental Cargiving, JouenL of Personality (oct 98) vol, 66 Issues, P 835, 44 p.
- Brennan, Kelley, A. Shaver, Philip, R (Oct 1993), Attachment Styles and Personality Disorder, Their Connections to Each Other and to Parental Death, and Perception of Parental Cargiving, JouenL of Personality (oct 98) vol, 66 Issues, P 835, 44 p.

Relationship of Attachment Styles and Locus of Control among Third Year Girls of Secondary School

- Broemer, Philop, Blume, Melanie (Sep 2003), Self views in close Relation Ships: The Influence of Attachment styles British Journal of social psychology sep 2003. vol 42, Jssue 3, P 445, 16 p.
- Broemer, Philop, Blume, Melanie (Sep 2003), Self views in close Relation Ships: The Influence of Attachment styles British Journal of social psychology sep 2003. vol 42, Jssue 3, P 445, 16 p.
- Cole, Michael, Cole, sheilar, (2001), The Development of children Fourth Edition. Uthed New Yourk: Worth Publishers.
- Cole, Michael, Cole, sheilar, (2001), The Development of children Fourth Edition. Uthed New Yourk: Worth Publishers.
- Collins, N. L., & Read, S. J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Personality and Social Psychology*, 58(4), 644-663.
- Eagan, Cristina, E (2003), Rochester Institade of Technology [www. Personality Research. org / Paper / Eaqqan, htm](http://www.Personality Research. org / Paper / Eaqqan, htm).
- Eagan, Cristina, E (2003), Rochester Institade of Technology [www. Personality Research. org / Paper / Eaqqan, htm](http://www.Personality Research. org / Paper / Eaqqan, htm).
- Gentzler, Amyl and Akems, Kathryn (2006), Adult Attachment and Memory of Emotional Reactions to negative and Positive Events. George Washangton University, Washongton, Dc, USA, Pablisher: psychology press, part of the taylor& Francis Group, Issue: volume 20, Number 1, January 2006, page 20 - 42.
- Gentzler, Amyl and Akems, Kathryn (2006), Adult Attachment and Memory of Emotional Reactions to negative and Positive Events. George Washangton University, Washongton, Dc, USA, Pablisher: psychology press, part of the taylor& Francis Group, Issue: volume 20, Number 1, January 2006, page 20 - 42.
- Hazan, C & shave, P (1987), Romantic Love Conceptualized as an Attachment Process, *Journal of Personality and social psychology*. vol, 52, p 511 - 524.

Ego Strength and Anxiety among Working and Non-working Women

Balvant M. Chhansiya¹, Yogesh A. Jogsan²

ABSTRACT

The main purpose of this research was to find out the mean difference between working and non working women. The total 80 women as a variation belonging to working and non working women were taken. The research tool for Ego Strength was measured by Hasan's Ego strength Scale and tool for anxiety were used which made by Sinha. Here t-test was applied to check the significant of in Ego strength and Anxiety between working and non working women. To check the relation between Ego strength and anxiety correlation method is used.

The study revealed that there was significant difference between working and non working women in Ego strength. There was significant difference between working and non working women in anxiety. While the correlation between Ego strength and anxiety reveals 0.54 positive correlation.

Keywords: *Ego Strength and Anxiety*

An understanding of the concept of ego strength depends on an understanding of the ego functions because, "We are used to judging the strength of the ego on the basis of its behavior in typical situations (Hartmann, 1964)." If we know what the ego is expected to do, we are in a position to determine how well it is coping it, that is, how strongly it is functioning. Ego strength is a measure of the effectiveness with which the ego is performing its task of adapting to the demands of reality (Hartmann, 1958). In other words, it is the ego's task to assess the requirements of reality and to see that the individual's needs are met within that framework. Thus, it is understandable that much of the psychological research dealing with unwed mothers focuses on the idea of a deficiency in ego strength. This research will be discussed in the following section.

¹Department of Psychology, Suarashtra University, Rajkot

²Prof., Department of Psychology, Suarashtra University, Rajkot

Ego Strength and Anxiety among Working and Non-working Women

Ego Strength refers to virtues through which “human beings steer themselves and others through life” (Erikson, 1964). In his psychosocial stage theory (Erikson 1964) identified strengths as outcomes of successful stage resolutions. Faith Development includes two aspects, i.e. the frequency of participation in faith related activities and the level of importance respondents attributed to faith.

The ego strengths are under examined components of Erikson’s broader psychosocial theory of human development. The absence of scholarly discussion on this topic is significant because, theoretically, the ego strengths should provide evidence of successful psychosocial stage resolutions. The ego strength of hope emerges from the successful resolution of trust vs. mistrust in infancy. Will emerges from autonomy versus shame/doubt while purpose results from successful resolution of initiative versus guilt in early childhood. Competence emerges from industry versus inferiority during latency; fidelity emerges from identity versus identity confusion in adolescence; love emerges from intimacy versus isolation in young adulthood; care emerges from generativity versus stagnation in middle adulthood; and wisdom emerges from integrity versus despair in later adulthood. Like the psychosocial stages, the ego strengths are thought to be sequential, invariant, and hierarchical.

Anxiety occupies a focal position in the dynamics of human behavior it is a common reaction to frustration. Since anxiety is highly distressing, indeed one of the most intolerable psychic states with which the human organism has to deal, it demands some sort of adjustment which will afford relief. A large part of human adjustment is concerned with avoiding or relieving anxiety. Growing out of many frustrating situations, anxiety serves as the driving force for a large number of subsequent adjustments.

In behavioral terms Sarason (1980) defined anxiety as a conditioned response to a perceived threatening stimulus which could be learned or inherited. Benjamin (1987) noted that anxiety can interface with attention, learning and testing. The idea that anxiety may interface with a student's ability to demonstrate what they have learned is not new. Anxiety can also interface with learning in that anxious students are more easily distracted by irrelevant or incidental aspects of the task at hand, having trouble in focusing on significant details.

Anxiety may be defined as mental distress with respect to some anticipated frustration. In this sense, it is to be distinguished from the immediate response to frustration itself, which is reacted to with aggression, or the danger which is reacted to with fear. Whatever the frustration is, it is recognized as dangerous because it will result in either pain or loss. The essence of human learning is that the individual shall acquire the capacity for recognizing by certain signs or cause, situations which promise to satisfy his need or cause him harm so that he can anticipate them on some future occasion and thereby make ready to accept and use those that satisfy and avoid those which promise to frustrate.

Ego Strength and Anxiety among Working and Non-working Women

Anxiety is also a function of the extent to which the person himself is involved in the danger. If the anticipated danger is the bite of an insect, a scratch on the skin by a cat, or the loss of one's hat on a windy day, the anxiety, while real, will not be so intense as when the existence or safety of the person is threatened. Here, too, the threat that causes the most severe anxiety may not necessarily be one that involves physical danger. The most acute anxiety arises when the individual feels that his personal adequacy or his existence in the group is threatened.

Types of anxiety disorders:

1. Generalized anxiety disorders
2. Panic disorders
3. Phobias
4. Obsessive-compulsive disorders
5. Post-traumatic stress disorders
6. Understanding anxiety disorders.

Mohammad Nadeem et al.(2012).Impact of Anxiety on the Academic Achievement of Students Having Different Mental Abilities at University level in Bahawalpur (Southern Punjab) Pakistan. The results show that when anxiety increases, academic achievement decreases both in male and female students. It is also noteworthy in the results that there is more impact of anxiety on female students as compared to male students.

R.M.Shepherd and R.J.Edelman. The inter relationship of social anxiety with anxiety, depression, locus of control, ways of coping and ego strength amongst university students. There were high scores of social anxiety which were related to high scores on measures of anxiety and depression, low ego strength, external locus of control and emotion coping rather than problem focused coping.

J.W.Worden and H.J.Sobel(2012). Ego strength and psychosocial adaptation to cancer patient. Results showed that psychosocial adaptation to cancer was related to a patient's ego strength. As correlated positively with a patient's use of effective coping strategies.

Pooja Chatterjee and Kerryann Walsh(2010). Anxiety among high school students in India: Comparisons across gender, school type, social strata and perceptions of quality time with parents. Results show that anxiety was prevalent in the sample with 20.1% of boys and 17.9% of girls found to be suffering from high anxiety. More boys were anxious than girls. Adolescents from Bengali medium schools were more anxious than adolescents from English medium schools.

RESEARCH PROBLEM:

“Ego Strength and Anxiety among Working and Non-working Women”

OBJECTIVES:

The main objectives of study were as under.

1. To measure the ego strength among working and non-working women.
2. To measure the anxiety among working and non-working women.
3. To measure the correlation between ego strength and anxiety.

HYPOTHESIS:

To related objectives of this null hypothesis were as under.

1. There is no significant difference in ego strength among working and non-working women.
2. There is no significant difference in anxiety among working and non-working women.
3. There is no correlation between ego strength and anxiety.

METHOD

1. *Participants:*

According to the purpose of present study total 80 sample has been selected. There were 38 working women and 42 non-working women were taken as a sample from different area in Rajkot city. (Gujarat)

2. *Research design:*

The aim of present study was to a study of ego strength and anxiety among working non-working women. For these total 80 working and non-working women were taken as a sample. Here to the measure ego strength in the ego strength scale was used. This was made by Hasan. Check anxiety in them A.P.K Sinha anxiety scale was used. To check difference between group t-test and correlation method was used. The result discussion of ego strength and anxiety is as under.

3. *Tools:*

For this purpose the following test tools were considered with their reliability, validity and objectivity mentioned in their respective menus in present study two inventories is used.

a) Hasan's ego strength scale:

The inventory was developed by Hasan. In this scale contents 32 statements. Answer given in right or wrong symbol in a inventory. There reliability and validity are higher.

b) Sinha's anxiety scale:

Ego Strength and Anxiety among Working and Non-working Women

The Sinha's anxiety scale was used in present study. There are 100 statements in the scale and every statement has two alternative responses yes or no. There reliability and validity are higher.

4. Procedure:

According to purpose of present study for data collection the investigator explained the purpose the study to the subjects for these total 38 working and 42 non-working women were taken as a sample from different part of Rajkot city (Gujarat). Testing was done personally with working and non-working women. The whole procedure of fill the inventory was explained to them fully and clearly. The instructions given on questionnaire were explained to them. It was also made clear to them that these scores would be kept secret. It was checked that none of the participants left any questions unanswered or that no participants encircled both the answer given against questions.

RESULTS AND DISCUSSIONS

The main objective of present study was to measure the "ego strength and anxiety of working and non-working women." In it statistical t-test method is used. To check correlation between ego strength and anxiety Karl Pearson 'r' method is used. Result discussion of present study is as under.

Table-1

The table-1 indicates that the mean score of ego strength in working women are 11.83 and non-working women are 8.35. The standard deviations for both working women and non-working women's are 4.27 and 3.01 respectively. The difference between these two means is significant at 0.01 level of confidence as the value of t-test is 3.94. Findings shown that working women are more affected by ego strength in comparison to non-working women. Working women find themselves under more ego strength because of their multiple roles. The working outside home is seen as an added on role for working women while it is seen as substitute role in non-working women. So the first hypothesis is unaccepted.

Evidences of research finding given by R.M.Shepherd and R.J.Edelman(2009). Conducted study in the There were high scores of social anxiety which were related to high scores on measures of anxiety and depression, low ego strength, external locus of control and emotion coping rather than problem focused coping. Result was same as present study. There for we can say that present finding are supported by R.M.Shepherd and R.J.Edelman(2009). Also supported by J.W.Worden and H.J.Sobel's (2012) research.

Table-2

The table-2 indicates that the mean scores of anxiety in working women and non-working women are 22.18 and 18.18 the standard deviations for both working women and non-working women are 6.98 and 5.64 respectively. The difference between these two means is significant at

Ego Strength and Anxiety among Working and Non-working Women

0.01 level of confidence as the value of t-test is 4.28 a perusal of that reveals significant difference between anxieties of the two groups. In this study working women scored higher on anxiety in comparison to their non-working women counterparts. It is not surprising because in our culture, society renders more care, protection and support to non-working women. So the second hypothesis is also unaccepted.

Evidences of research finding given by Pooja Chatterjee and Kerryann Walsh(2010). Results show that more boys were anxious than girls. Adolescents from Bengali medium schools were more anxious than adolescents from English medium schools. Result was same as present study. There for we say that present finding are supported by Chatterjee and Kerryann Walsh's (2010) research.

Table-3

According to table-3 the results obtained positive co-relation between ego strength and anxiety. It was 0.54 positive co-relations between ego strength and anxiety. It means ego strength decrease anxiety decrease and ego strength increase anxiety increase.

Conclusion

We can conclude by data analysis as follows;

There were significant differences between the mean scores of two groups on ego strength. Working women are more affected by ego strength in comparison to non-working women and there were significant difference between the mean scores of two groups on anxiety. Working women scored higher on anxiety in comparison to their on-working women counterparts. It is not surprising because in our culture, society renders more care, protection and support to non-workingwomen. The co-relation between ego strength and anxiety is 0.54 which is positive correlations.

REFERENCES:

- American Psychiatry Association(1994).Diagnostic and statistical manual of mental disorders (DSM -4).Washinton DC.
- Benjamin and Lin(1997) Psychology and Introduction. New York: McGraw Hill Book Company.
- Erikson, E.H.(1964).Insight and responsibility. New York: Norton.
- Hartmann, H.(1958).Ego psychology and the problem of adaptation. New York: International Universities Press, Inc.
- Hartmann, H.(1964).Essays on ego psychology. New York: International Universities Press, Inc, p.p.134
- J W Worden and H J Sobel(2012). Ego strength and psychosocial adaptation to cancer. Unpublished research paper.

Ego Strength and Anxiety among Working and Non-working Women

- Mohammad Nadeem et al.(2012). Impact of Anxiety on the Academic Achievement of Students Having Different Mental Abilities at University level in Bahawalpur (Southern Punjab) Pakistan. International Online Journal of Educational Sciences, 2012, 4 (3), 519-528
- Pooja Chatterjee & Kerryann Walsh(2010). Anxiety among high school students in India: Comparisons across gender, school type, social strata and perceptions of quality time with parents. Australian Journal of Educational & Developmental Psychology. Vol 10, pp18 – 31
- R.M.Shepherd & R.J.Edelman. The inter relationship of social anxiety with anxiety, depression, locus of control, ways of coping and ego strength amongst university students. College Quarterly Spring 2009 Vol. 12 No. 2
- Sarason,I.G.(1958). Inter relationships among individual difference variables, behaviour in psychotherapy, and verbal conditioning. Journal of Abnormal and Social Psychology, 56, 339-334.

RESULT TABLES:

Table-1 Ego strength among working and Non-working women

Sr. No.	Variable	N	Mean	SD	t	Sig.
1	Working Women	38	11.83	4.27	3.94	0.01
2.	Non-working Women	42	8.35	3.01		

Significance Level 0.05 = 2.02
0.01 = 2.71

Table-2 Anxiety among working and Non-working women

Sr. No.	Variable	N	Mean	SD	t	Sig.
1	Working Women	38	22.18	6.98	4.28	0.01
2.	Non-working Women	42	18.18	5.64		

Significance Level 0.05 = 2.02
0.01=2.71

Table-3 Correlation of the ego strength and anxiety among working and Non-working women

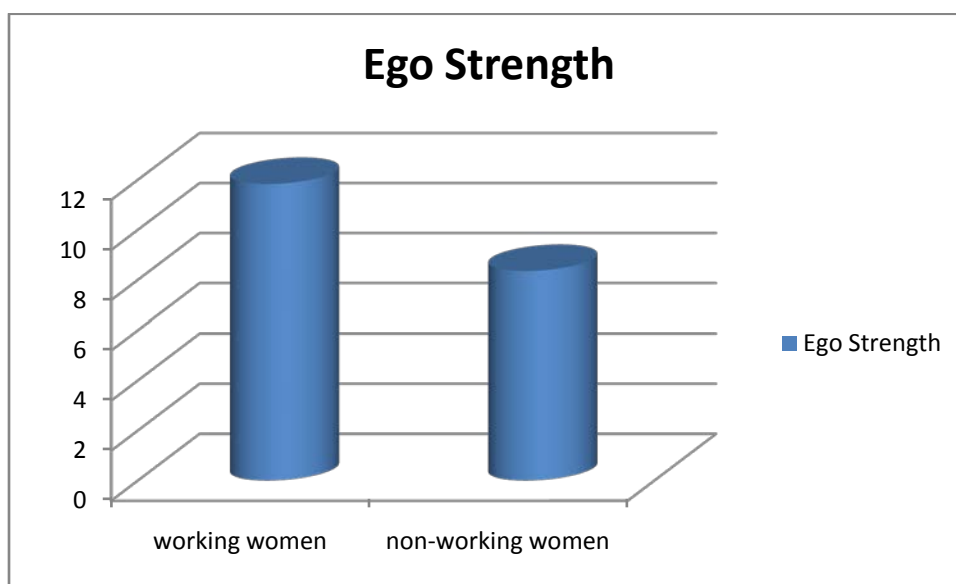
Sr. No.	Variable	N	Mean	r
1	Ego Strength	80	10.09	0.54
2.	Anxiety	80	20.18	

Ego Strength and Anxiety among Working and Non-working Women

Chart – 1 *Showings mean score of working and non-working women on anxiety*



Chart – 2 *Showings mean score of working and non-working women on ego strength*



The Relationship between Self-Belief, Belief in Continuity, Self-Blame, Stability, Mysterious Pain and Intensity of Chronic Pain Disorder

Mohammad Kianbakht¹, Ghasem Ansarinia², Shiva Nematpour kapourchal³

ABSTRACT

Object (s): the present research has considered the relationship between beliefs, perceptions of pain with intensity of chronic pain disorder. **Methods:** these fire fighters of the city of 504 research is known as sectional study. In such a study, Tehran was selected by cluster sampling. Data from the questionnaires, chronic pain, pain beliefs and formed perceptions, coping strategies and perfectionism were collected. Data is analyzed by the step by step method which is called regression analyses method. **Results:** there was positive significant relation between beliefs in continuous pain in the future, belief in self-blame, belief in pain stability at the present, belief in mysterious pain with the intensity of chronic pain disorder as well as, according to the multiple variable of regression analyses, the results has been showed that, the contribution of each pre-variable, self-blame 21% continuous pain, 84% separately is as follow; Mysterious pain; as well as the various intensity of pain disorder was 1.3%, pain stability 8.7% explained too. **Conclusion:** Regard with result of this study, it is essential to create self-adaptive belief in the patients who suffer from chronic pain, so if we use the treatment of self-adaptive cognition along with other treatments to reduce pain, it can have more benefit to control and reduce the chronic pain among the firemen who suffer from it.

Keywords: *belief in continuity, self-blame, stability and mysterious pain, chronic pain.*

Chronic pain is a pain that often(not always)accompanied with an injury, but by the loss of the main factors that cause pain, it will remain for a long time and it is not possible to explain it with a principal pathology and often the interventions of mental health is rarely effective(Turk and Okfuji, 2001).

¹Ph.D Student Of Clinical Psychology, Department Of Psychology, Aligarh Muslim University, India.

²Ph.D Student Of Clinical Psychology, Department Of Psychology, Aligarh Muslim University, India.

³Clinical Psychologist In Nor Clinic, Tehran, Iran.

The Relationship between Self-Belief, Belief in Continuity, Self-Blame, Stability, Mysterious Pain and Intensity of Chronic Pain Disorder

The difference between chronic pain and acute pain is a duration of (3 to 6 months) and it will be defined based on this idea whether the pain is more than the expected time (Turk and Okifuji, 2001). Chronic pain is nothing but a physical sign. Patient activity, along with continuing pain, will be decreased and this phenomenon in return creates depression and physical deconditioning. Our understanding of chronic pain and our approach is increasingly complex. The patient with chronic pain could be cured by a pain-killer in the recent years, but we know that nowadays these medicines are not sufficient, especially when the pain will affect the different aspects of an individual like family, job, sleeping, and amusement. This issue is right; it means everything that contains all quality of life. New approaches to the treatment of chronic pain usually involve dealing with many or all of these areas, as well as pain itself (Nicholas, Molloy, Tonkin and Beeston, 2004). Related beliefs about pain are the set to be interpreted in the light of the pain (Lazarus and Folkman, 1981). Beliefs are the cognitive configuration which is formed individually or it may be culturally shared between individuals. Pain beliefs get shape duration of life by knowledge and experiences and it covers all pains in an individual. The evaluation and beliefs of pain can deeply affect the emotional and behavioral responses to the pain; the patients continue treatment for getting free of pain, but the failure of therapeutic efforts that merely aims to eliminate facial pain causes increasing hopelessness and depression in patient. However, Aggravated depression may lose his chore interest. This phenomena itself reduces physical fitness, moreover, when the patients continue Deficient treatment it may stop the patients of being encouraged to the treatment and the patient has no any role in such a treatments, these destructive thoughts and beliefs in patients reinforced by an insufficient treatment, some of medicines (anti-depression, pain-killers and etc) will create more problem in patients and these medicines have side effects, the patient may lose the job and socio economic problem and family of patient also suffering because of the patient with chronic pain. In summary, the pain can affect each part of life of an individual who is challenging with pain. Chronic pain is caused by active disease processes, tissue damage, and other insults to our body. Rheumatoid arthritis, cancer, musculoskeletal problems, cardiac disease and headache are but a few of the conditions that can lead to chronic pain. Many people suffer from chronic pain for which the underlying cause is unknown or the level of their suffering considered in excess of identified pathology or disease process (Turk and Monarch, 2001).

METHODOLOGY

In this research a descriptive analysis of chronic pain patients performed, the Statistical research community were selected from all firefighters in the city of Tehran which 504 members were selected randomly in a cluster design in several steps. In the first step with the method of cluster offices of governmental organization in four areas, north, east, west, south of Tehran were divided and two areas were selected randomly to be ready for the research, in the next level again in a clustering method, 35 offices were selected in a statistical sampling method with the possibility of choosing. Average and standard deviation age of all male staffs were 31/85 and 6/93, also 77/3 percent of staffs were married and 22/7 unmarried. Among the investigated sample 4 percent had the severity of chronic pain disorder type one, and 3 percent had the severity of chronic pain disorder type 2, and 25/2 percent had the severity of chronic pain disorder type 3, and 67/9 percent had no any problem with the relation of severity of chronic pain?

TOOLS USED

PBPI=Pain Beliefs and Perception Inventory

PBPI is a 4-subscale questionnaire that explores a patient's personal beliefs in their subjective experience of pain. The pain beliefs and perception inventory (PBPI) is a widely used instrument for assessing pain beliefs, the PBPI was designed to assess the representation and the meanings patients hold regarding pain. The initial version of the PBPI consisted of 16 items grouping into three subscales; (1) time; (2) mystery and (3) self-blame. The PBPI consist of 16 items assessing four dimensions of pain beliefs; (1) the Mystery dimension (4 items) measures the belief that pain is mysterious and is a poorly understood experience (2) the permanence dimension (5 items) assesses the belief that pain is an enduring part of life: the constancy dimension (4 items) measures the temporal dimension of daily pain: and (4) the self blame dimension (3 items) taps patient's beliefs that they themselves are responsible for their own experience of pain. The four scales possessed satisfactory internal consistency (Cronbach as; 0.64-0.83). Patients are asked to rate using a 4-point Likert scale (-2=strongly disagree, -1=disagree, +1=Agree, +2= strongly agree) their level of agreement with each of 16 statements about beliefs and perceptions concerning pain. Pain beliefs are defined as 'patients' own conceptualization of what pain is and what pain means for them (Williams and Thorn, 1989). The main dimensions of these beliefs are eventuality of pain lifting, the mysterious nature of pain, wonder at the cause of pain, lifestyle altering because of pain, possibility of personal control over pain, blame, and constant vs intermittent nature of pain experience. A useful tool to assess pain beliefs is the Pain Beliefs and Perceptions Inventory (PBPI), a 16-question Likert-type scale addressing 4 dimensions of pain beliefs: seeing pain as mysterious (Mystery), holding oneself responsible for pain (Self Blame), regarding one's condition as lingering in the future (Permanence), and/or continuous over time (Constancy). PBPI was initially designed around 3 main cores, the dimensions Mystery, Self-Blame and Time, but the Australian and German replication of the scale showed an improvement in the method by adding a fourth dimension (Constancy and Permanence instead of Time) (DeGood and Tait, 2001, Asghari, Karim and Amarlou, 2006). This change provided a further tool to explore disorders not associates with intermittent pain, like headache, in which is likely that Constancy and Permanence are regarded differently by patients.⁸ In this new version, PBPI was validated in the United States by its developers,⁹ in England,⁸ in Norway,¹⁰ in France,¹¹ in China,¹² and in Italy.¹³ It is worth noting that it is not possible to define a score of normality for PBPI subscales, because mental representations can never be regarded as pathological in themselves. PBPI has been used to assess pain beliefs in heterogeneous samples of patients suffering from chronic back, limbs, head, and abdominal pain.^{8,9,11} In these studies, beliefs that pain would be enduring and constant are associated with increased reported pain intensity, regardless of actual pain duration.^{1,9,12} Chronic patients create a mental representation of pain as persistent and mysterious, with high scores in Permanence and Mystery scales of PBPI, which in turn is related to more catastrophizing and worse coping and disability.^{3,7,14} A correlation has also been found between pain beliefs of permanence, mystery and self-blame and psychological distress, often displayed with anxiety and depression symptoms. The factorial structure,

The Relationship between Self-Belief, Belief in Continuity, Self-Blame, Stability, Mysterious Pain and Intensity of Chronic Pain Disorder

reliability, and validity of the Pain Beliefs and Perceptions Inventory (PBPI) were investigated in a sample of 84 pain patients drawn from a pain clinic in the United Kingdom. The recovered factorial structure replicated that of a previous study. The 4 derived subscales, mysteriousness, Self-Blame, Pain Constancy and Pain Permanence, had excellent reliability (internal consistency); Chronbach's alpha was greater than 0.80.

Chronic pain Questionnaire

In this study we used the chronic pain questionnaire for measuring chronic pain, this questionnaire first introduced by (Von Korff, Dworkin and Leresch, 1990, Von Korff, Ormel, Keefe and Dworkin, 1992), and in Iran it is modified by (Asghari Moghadam, 2011), this questionnaire was used in several studies on patients with chronic pain in Iran. This questionnaire has been made in biopsychosocial approach (Asghari Moghadam, 2011). This test has 75 material and it measures the different dimension of chronic pain, the six first questions check the individual identity and cognition, but the remain tests demonstrate about chronic pain, average of severity of pain, disability and the average of disability, the number of days that an individual is on leave due to pain, in duration of 6 months before, it causes to find the different level of chronic pain between individuals, also the onset of pain, the impact of pain on social interaction and family. and it gives a comprehensive information about chronic pain and the condition of an individual, chronic pain disorder scale has advantages, in Epidemiology studies, it makes the study easier to separate and category the individuals with severity of pain disorder, a studies revealed that those individuals who report the chronic pain just a few of them are disabled due to pain (Von Korff, Dworkin and Leresch, 1990). According to (Von Korff, Ormel, Keefe and Dworkin, 1992). The categorical lever of chronic pain includes:

- 1) Categorizing chronic pain and it is match with the severity of chronic pain and each category is independent of the other category.
- 2) It has an easy scoring thus; the clinical usage is easy as well.
- 3) It can give an exact measurement of patients with chronic pain.
- 4) It is not depend on the location and the cause of pain rather we can use it in all patients with chronic pain.

Scoring and interpretation of result is easy and it is able to distinguish the five groups with different chronic pain, zero; without problem one: weak disability, severity of weak pain, two; weak disability, high pain, three: severe disability, severe limitation, some of areas of test are calibrated on 10 point scale that zero number shows nothing and 10 shows the maximum, In this study criteria for recognition were measured by the questions number 16,17; (Asghari Moghadam M A. 2011). Including: experiencing pain in duration of past 6 months, Continuing pain in duration of past 6 months (score higher than 3), severity of pain: sum of the numbers 19,20,21 that patient has chosen, then dividing the answer by three and the result multiplied by 10, severe disability: outcome summation of the questions 46,50,53, that patient answered is dividing by 3

The Relationship between Self-Belief, Belief in Continuity, Self-Blame, Stability, Mysterious Pain and Intensity of Chronic Pain Disorder

and multiplying the result into 10. This number will be equivalent with the help of table number 1. And the answer of question number 26 will be equivalent by the help of table number 2 that it is necessary to determine the severity of chronic pain, summation of the equivalent number of severe disability and the number of absence days in job. This questionnaire has been used in different studies related to chronic pain in Iran and the coefficient of reliability of the test results is desirable in various researches, for instance (Asghari, Karami and Rezai, 2002), the statistical results showed that the questionnaire has satisfactory internal consistency. (Alpha coefficient of Cronbach) and the obtained for the whole scale was 0.88 Cronbach's alpha ranging.

Table 1: the severity of disability

score of disability	
The patient's score of disability	Equivalent
0-29	0
30-49	1
50-69	2
70 and more	3

Table 2: the number of days of absence from work

Equivalent number	number of absent days
0-6 days	0
7-14 days	1
15-30 days	2
31 and more	3

Table 3: Classification of chronic pain disorder

Characteristic	category
From the past 6 months, there was no problem with chronic pain	without problem
The severity of pain less than 50, disability score less than 3	level 1, light disability, light pain intensity
Severity of pain 50 or more, disability score less than 3	level 2, light disability, high pain intensity
Disability score 3 to 4, irrespective of pain intensity	level 3, severe disability, average limitation
Disability score 5 to 6, irrespective of	level 4, severe disability, severe limitation

The Relationship between Self-Belief, Belief in Continuity, Self-Blame, Stability, Mysterious Pain and Intensity of Chronic Pain Disorder

DATA COLLECTION

After the prior permission of the governmental head office authorities in Tehran city, data was collected through cluster random sampling in different offices separately, all subjects filled chronic pain questionnaire and PBPI=Pain Beliefs and Perception Inventory without any time limitation. After collecting the data, it was analyzed through SPSS version 16.0.

RESULTS

there was positive significant relation between belief in continuity pain in the future, belief in self-blame, belief in pain stability at the present, belief in mysterious pain with the intensity of chronic pain disorder as well as, according to the multivariate regression analyses, the results has been showed that (Table 4), the contribution of each pre-variable separately is as follow; Mysterious pain; %48,($F=1,403=376/310$, $P<0/001$). Continuous pain %12, ($F=1,402=122/317$, $P<0/001$). Self-blame %7.8, ($F=1,401=98/749$, $P<0/001$). Pain stability .%3.1, ($F=1/400=43/358$, $P<0/001$). In brief; the higher the intensity of chronic pain disorder was associated with higher pain beliefs. As well as the various intensity of pain disorder was explained too.

Table 4; Summary of multivariate regression stepwise model predictive variables intensity of pain disorder (pain beliefs)

MODEL	R*	RS**	ARS***	SEE****	R ² *****
1	.695	.483	.482	19/2977	0/483
2	.777	.604	.602	16/9185	0/121
3	.826	.682	.680	15/1740	0/078
4	.844	.713	.710	14/430	0/031

*CORRELATION

**R Square

***Adjusted R Square

****Std. Error of the Estimate

*****R square change

According to table 5 it shows that the variable of mysterious pain has a great contribution in prediction of intensity of chronic pain disorder,(Beta=/.38),however, other predictor variables like(Continuous pain in the future, self blame pain, continuity of pain at present with the betas, 0/26, 0/27, 0/21)has a significant affect also.

The Relationship between Self-Belief, Belief in Continuity, Self-Blame, Stability, Mysterious Pain and Intensity of Chronic Pain Disorder

Table 5; Summary of multivariate regression stepwise model predictive variables intensity of pain disorder (pain beliefs)

criteria	variable	B	Std.Error	Beta	t	Sig.
intensity of chronic pain	Last step					
	mysterious	6/342	0/522	0/388	12/139	0/000
	continues pain	3/078	0/378	0/263	8/142	0/000
	self-blame	3/201	0/358	0/274	8/937	0/000
	stability	2/044	0/310	9/209	6/585	0/000

RESULT AND DISCUSSION

The primary aim of this study was to investigate the relationship between beliefs and formed perceptions of chronic pain disorders, Baseline results from the study indicated a high positive relationship between beliefs in pain with the intensity of chronic pain disorder ($p < 0/001$) this result also show that beliefs in pain mystery is (48%), believe in the relation of continuity in future (12%), self blame (% 7/8), and belief in the stability of the pain (%3/1), are able to predict the intensity of the chronic pain. However, it can be concluded the highest the pain beliefs, the more understanding of chronic pain disorder, the important beliefs in pain is a successive adjustment to the pain that has been shown in different studies (Williams and Thorn, 1986, Turner, Jensen and Romano, 2000, Forman, Herbert, Moitra, Yeomans and Geler, 2007, Asghari, Karim and Amarlou, 2006, Mohammadi, Dehghani, Heidari, Sedaght and Khatibi, 2013). According to different studies this issue is perceived that belief in pain will be acquired during the knowledge and experiences in life and it covers all area of an individual's experiences, beliefs and measurement of pain can deeply effect the behavior and emotional on an individual in response to pain, If pain symptoms are interpreted as a malicious threat and believe that the pain is more severe tissue damage then individual will react to the pain with a high intensity, and the individual also shows escape and avoidance behaviors, believe in pain and evaluating of pain are the main factors for and individual adjustment to the chronic pain disorder (Turner, Jensen and Romano, 2000). The results of this study provide empirical evidence for the importance of the biopsychosocial and important point to understand the nature of chronic pain and controlling pain in people with chronic pain. Some limitations of this study are to generalize the results met with caution. In the present study in order to assess research variables, we used pencil and paper, regarding to the limitation of tools like questionnaire to assess exact behavioral issues, the present study has a limitation. Present study is on a governmental organization staffs, and the caution should be taken, it is recommended to do such a research in different population, alternatively, analysis was carried out to teach hypotheses are derived from data from a cross-sectional study. So any causal inferences from existing evidence are not permitted, it is recommended that future research plans or longitudinal experimental is possible to derive a

The Relationship between Self-Belief, Belief in Continuity, Self-Blame, Stability, Mysterious Pain and Intensity of Chronic Pain Disorder

causal relationship between psychological factors and create adaptive beliefs about intensity of chronic pain.

REFERENCES

- Asghari Moghadam M A. (2011). Pain and its assessment, Explore new approaches to the psychology of pain. Roshd Publication. Tehran.
- Asghari A, Karami B, Rezai S. (2002). The prevalence of pain and chronic pain in both Elam and Qorveh. *Journal of Psychology*. 6: 30–5.
- Asghari A, Karim M N, Amarlou P. (2006). The role of beliefs about pain on coping with cancer pain. *Daneshvar Raftar*. 13: 1–22.
- DeGood, DE, Tait RC. (2001). Assessment of pain beliefs and pain coping. In: Turk DC, Melzack R (Eds.) *Handbook of pain Assessment*, Second Edition. *New York: Guilford Press*. (pp. 310–312).
- Forman, E.M, Herbert, J.D, Moitra, E, Yeomans, p. D, Geler, P.A. (2007). A randomized controlled effectiveness trial of acceptance and commitment therapy and cognitive therapy for anxiety and depression. *Behaviour Modification*. 31 : 111–188.
- Lazarus, R. S., & Folkman. (1981). Coping and adaptation In W. D. Gentry (Ed.), *Hand book behavioral medicine* New York: Guilford press. (pp.: 91–111).
- Mohammadi S, Dehghani M, Heidari M, Sedaght M, Khatibi A. (2013). Explore Psychological similarities in patients with chronic pain and pain associated with muscle - Bones and their spouses. *Journal of Behavioral Sciences*. 23 (57).
- Nicholas, Michael; Molloy, Allan; Tonkin, Lois; Beeston, Lee. (2004). *Manage Your Pain*. Translation By: Dr. Dehghani, Mohsen. Roshd Publication, (2007).
- Turk DC & Monarch ES. (2001). Biopsychosocial perspective on chronic pain. In: DC, Turk and RJ, Gatchel, Eds, *psychological Approaches to pain Management*, Second edition new. York: Guilford. (2001). Pp. 3–18.
- Turk, D. C., Okfuji, A. (2001). Pain terms and taxonomies of pain. In J. D. Loeser, S. H. Butler, C. R. Chapman, & D. C. Turk (Eds.). *Bonica's management of pain* Philadelphia: Lippincott, Williams and Wilkins. (3rd ed., pp. 11–12).
- Turner JA, Jensen MP, Romano JM. (2000). Do beliefs, coping, and catastrophizing independently predict functioning in patients with chronic pain? *Pain*. 92: 112–112.
- Von Korff M, Dworkin SF, Leresch. L. (1990). Graded chronic pain status: an epidemiologic evaluation. *Pain*. 50, 113–130.
- Von Korff M, Ormel J, Keefe FJ, Dworkin SF. (1992). Grading the severity of chronic pain. *Pain*, 40; 033–53.
- Williams, D. A., & Thorn, B. E. (1986). Can research methodology affect treatment outcome? A comparison of two cold press or test paradigms. *Cognitive Therapy and research*. 10, 238 – 211.
- Williams, D. A., & Thorn, B. E. (1989). An empirical assessment of pain beliefs. *Pain*, 31, 321 – 329.

Family Dysfunction and Childhood Abuse and Trauma among Offenders

Behanan, S. E.¹, Rejani, T.G²

ABSTRACT

Introduction: In trying to understand the cycle between family dysfunction, childhood trauma and abuse and criminal behaviour, most studies have focused individually on different aspects of family dysfunction. **Aim:** To assess the family dysfunction and childhood abuse and trauma in offenders. **Methodology:** The research design used was cross-sectional research design. Sample size: Thirty adults with criminal back ground were selected from the prison. Purposive sampling was used for selecting the sample. **Tools:** Tools were used individually to assess family dysfunction, parenting styles, attachment styles and childhood abuse and trauma. The tools were Self-Report Family Inventory, Parental Authority Questionnaire, The Relationship's Questionnaire and The Childhood Traumatic Events Scale. **Results:** Eighty percent of offenders have undergone childhood abuse and trauma. The predominant attachment style among male offenders was found to be dismissing avoidant attachment style. The predominant attachment style among female offenders was found to be secure attachment style. Among male and female offenders, the predominant parenting style of their parents was found to be authoritative parenting style. Majority of the offenders have reported their family system as problematic. **Implication:** The study throws light on family dysfunction in offenders and would be beneficial in a future rehabilitation model which could include therapeutic work to resolve childhood distress and trauma.

Keywords: *Family dysfunction, parenting styles, attachment styles, childhood abuse & trauma, offenders.*

There are many possible explanations of criminal behaviour which try and explain the act of crime from different perspectives. The biopsychosocial model is one such model that explains crime as resulting from an interaction between biological factors such as genetic influences and neurochemical changes, psychological such as resulting from childhood abuse and neglect and--

^{1&2} Institute of Behavioural Sciences, Gujarat Forensic Sciences University, Gujarat

Family Dysfunction and Childhood Abuse and Trauma among Offenders

--sociological factors such as race, ethnicity and financial difficulties. The psychological factors that are involved in criminal behaviour can be summarized as different factors resulting from the family environment and childhood abuse and trauma. Families with poor communication and weak family bonds have been shown to have a correlation with children's development of aggressive/criminal behavior (Garnefski&Okma, 1996).

Beaver (1989) explained the importance of family in his model of family functioning which consists of five dimensions. The first dimension is Family Competence dimension. This dimension relates to the structure and adaptive flexibility of the system. It consist items involving family affect, parental coalitions, problem-solving abilities, autonomy and individuality, optimistic and pessimistic views and acceptance of family members. The second dimension is of Conflict which includes items involving overt versus conflict, including arguing, blaming, fighting openly, acceptance of personal responsibility, unresolved conflict and negative tone. Another dimension is that of Cohesion. This includes items dealing with family togetherness, satisfaction received from inside the family versus outside and spending time together. The fourth dimension is that of Leadership which includes parental leadership, defectiveness and degree of rigidity of control and the last dimension is that of Emotional Expressiveness involves dealing with verbal and nonverbal expression of warmth, caring and closeness. According to Beaver(1989), the family function depends on these broad dimensions and problems in these will cause disruption in the family functioning.

Criminal behavior also has its roots in habitual deprivation of parental love and affection going back to early infancy. Inconsistent parenting, family turmoil, and multiple other stresses that flow from these disagreements compound the rejection of these children by these parents, many of whom become criminals during childhood. With all these factors working against the child's normal development, the child becomes a future criminal (Fagan, 1995).

Baumrind (1971) proposed a model for parenting in which he gave three distinct prototypes of parental authority. He proposed that permissive parents tend to make fewer demands on their children than do other parents, allowing them to regulate their own activities as much as possible. Thus, permissive parents are relatively non-controlling and tend to use a minimum of punishment with their children. Authoritarian parents tend to be highly directive with their children and value unquestioning obedience in their exercise of authority over their children. Being detached and less warm than other parents, the authoritarian parents discourage verbal give-and-take and favour punitive measures to control their children's behaviour. Authoritative parents tend to fall somewhere in between these two extremes. They are characterized as providing clear and firm direction for their children, but discipline is emphasized along with warmth, reason, flexibility and verbal give and take.

A study on criminal involvement and parenting style suggest that the permissive and neglecting/rejecting parenting styles had the most impact on the delinquent and criminal

Family Dysfunction and Childhood Abuse and Trauma among Offenders

behavior. The authoritative parenting style had very little impact. Children exposed to neglecting/rejecting parents were at a greater risk. The authoritative type of parenting, when measured was not found to be as idyllic as expected (Spraitz, 2011).

Another indicator of future antisocial or criminal behavior is that of abuse or neglect in childhood. A statistic shows that children are at a fifty percent greater risk of engaging in criminal acts, if they were neglected or abused (Holmes et al., 2001). The "cycle of violence" is where people who grow up with abuse or antisocial behavior in the home will be much more likely to mistreat their own children, who in turn will often follow the same pattern. In a study named Understanding the Cycle, the results suggest that maltreatment greatly increases the probability of engaging in crime and that the probability increases with the experience of multiple forms of maltreatment (Currie & Tekin, 2012).

From the above literature it can be said that family dysfunction, childhood abuse and trauma, one's parenting styles and attachment styles has an influence on the criminal behaviour. However, most of the studies done in this area have been in the western countries. Thus, it is imperative to study these factors in the Indian context.

The following research questions were developed:

1. How many offenders have undergone childhood abuse and trauma?
2. What is the predominant attachment style of the offenders?
3. What is the dominant parenting style of the parents of the offenders?
4. How many offenders have family dysfunction?
5. Is there a relationship between the attachment style of the offenders and the parenting style of their parents?
6. Is there a relationship between the parenting style of the parents of the offenders and the family dysfunction among the offenders?

METHODOLOGY

Objectives:

The following objectives were developed

1. To assess the childhood abuse and trauma among the offenders.
2. To find the predominant attachment style of the offenders.
3. To find the dominant parenting style of the parents of the offenders.
4. To assess the family dysfunction among the offenders.
5. To find the relationship between the attachment style of the offenders and the parenting style of their parents.
6. To find the relationship between parenting style of the parents of the offenders and the family dysfunction among the offenders.

Research Design:

The research design used for the study was cross-sectional research design.

Sample:

A purposive sampling design was implemented to collect data from a sample of 30 adults with criminal background from the prison.

Inclusion criteria:

Offenders from the prison who were able to read and write and those who had spent their childhood with their parents were included in the study.

Exclusion criteria:

Offenders from the prison who were not able to read and write and those who had not spent their childhood with their parents were included in the study.

Tools Used:

The tools used for this study are the following:

Childhood Traumatic Events Scale-

This scale was developed by Pennebaker (1988). This scale is a brief survey of six early traumatic experiences (death, divorce, violence, sexual abuse, illness or other) occurring before the age of 17 years and it assesses individual's understanding of their childhood trauma.

The Relationships Questionnaire (Rq)-

The Relationship Questionnaire was developed by Bartholomew (1991). It is a measure of the adult attachment style. It measures four attachment patterns- avoidant attachment pattern, anxious/ambivalent attachment pattern, secure attachment pattern and dismissing-avoidant attachment pattern.

Parental Authority Questionnaire (PAQ)-

The PAQ was developed by John R. Buri in 1971. The PAQ consists of two sets of questionnaires: one related to the mother and another related to the father. Each questionnaire consists of 30 questions each. The responses are marked on a 5-point Likert scale ranging from strongly disagree (1) to strongly agree (5). The PAQ yields 6 separate scores and scores on each of the dimension ranges from 10 to 50. The higher the score, the greater the appraised level of the parental authority prototype measured.

The Cronbach coefficient alpha values were obtained for each of the six PAQ scales: .75 for mother's permissiveness, .85 for mother's authoritarianism, .82 for mother's authoritativeness, .74 for father's permissiveness, .87 for father's authoritarianism and .85 for father's authoritativeness. Both the test-retest reliability coefficients and the Cronbach alpha values are highly respectable.

Self-Report Family Inventory-

The Self-Report Family Inventory was developed by Beaver's and Hampson in 1990. It is 36 items, self-report instrument. It has five dimensions: health/ competence, conflict, cohesion, leadership and emotional expressiveness. The responses are measured on a Likert-type scale with

Family Dysfunction and Childhood Abuse and Trauma among Offenders

1 being 'yes: fits our family well'; 3 being 'Some: fits our family some' and '5 being No: does not fit our family'.

The Self-Report Family Inventory has high internal consistency reliability with Cronbach alphas between .84 and .93 and test-retest reliabilities of .85. It also has good validity with canonical correlations of .62 or better between the Self-report Family Inventory Competence scores and the observer-rated Beaver's Interactional Competence Scale.

Statistical Analysis:

Descriptive statistics and inferential statistics were used for the study. Percentages and correlations were calculated.

Procedure:

After getting consent from higher authorities of jail, data collection was started. The prisoners were explained the nature of the study and with their consent, the questionnaires were administered. Their doubts regarding the questionnaires were clarified during the process of administration. After obtaining the required sample, the jail authorities were thanked for their support and co-operation.

RESULTS & DISCUSSION

Childhood Abuse & Trauma:

The analysis of the data showed that eighty percent(N= 30)of prisoners have undergone some form of childhood abuse and trauma. A study stated that child abuse predicted later violence after controlling for other predictors such as gender, ethnicity and age and predictability was greater for females than for males (Widom& White, 1997). The present study also states that the percentage of childhood abuse and trauma in females is eighty six percent (N=15) which is higher than that of males with seventy three percent (N=15).

Previous studies state that maltreatment as a child greatly increases the probability of engaging in crime and that the probability increases with the experience of multiple forms of maltreatment (Currie & Tekin, 2012). In the present study it was found that eighty one percent(N=15)of males had multiple forms of trauma. In exploring the different forms of maltreatment and trauma the present study found that in males, sixty seven (N=15) have undergone the trauma of losing a close or near one in childhood. Sixty percent(N= 15)of males have undergone the trauma from ill health or injury in childhood. Thirty three percent (N=15)have undergone trauma from some major upheaval in their life in their childhood period. Thirteen percent (N=15) have faced trauma experienced from major fight, separation or divorce between their parents. A previous study stated that children who are separated from a biological parent are more likely to offend than children from intact families. In a study in New Zealand, Henry et al. (1996) found that boys from single-parent families were particularly likely to be convicted. This study supports the present study suggesting that role of trauma arising from parental separation is linked to crime.

Family Dysfunction and Childhood Abuse and Trauma among Offenders

Seven percent (N=15) of males have undergone some sort of traumatic sexual experience and another seven percent (N=15) have been a victim of violence.

In females, it was found that eighty six percent (N=15) had undergone multiple forms of trauma. In exploring the different kinds of trauma it was found that eighty percent (N=15) have undergone the trauma of losing a close or near one in childhood. Forty six percent (N=15) of females have undergone the trauma from ill health or injury in childhood. Twenty seven percent (N=15) have undergone trauma from some major upheaval in their life in their childhood period. Twenty percent (N=15) have faced trauma experienced from major fight, separation or divorce between their parents. A previous study also supports the present study stating that parental conflict and interpersonal violence predict antisocial behaviour (Buehler et al., 1997; Kolbo et al., 1996) and thirteen percent (N=15) of females have undergone some sort of traumatic sexual experience and another thirteen percent (N=15) have been a victim of violence. The data is shown in Table 1.

Attachment Style:

Findings of a past study suggested that the exploration of past and current attachment relationships can be crucial for the understanding of violent behavior (Carlo, et al., 2014). Thus in exploring the attachment patterns among the offender the present study found that thirty three percent (N=30) of prisoners have got the predominant attachment styles as secure attachment style and dismissing-avoidant attachment style each. Twenty one percent (N=30) reported as having an avoidant attachment style and thirteen percent (N=30) reported as having anxious/ambivalent attachment style.

In males, forty six percent (N=15) have reported as having dismissing avoidant attachment style. Such people are characterized as avoiding intimacy, being highly self-reliant and independent. Twenty seven percent (N=15) have reported as having avoidant attachment style. Avoidant people are characterized as being afraid of intimacy, experiencing emotional highs and lows during relationships, along with much jealousy. Twenty percent (N=15) have reported as having a secure attachment style. People with secure attachment style have relationships which are friendly, trusting, and happy. They accept their partners regardless of faults. They tend to have long and fulfilling relationships. Seven percent (N=15) have reported as having anxious/ambivalent attachment style. Such people view love in an obsessive way, with strong need for constant reciprocation and validation, along with emotional highs and lows, and feelings of jealousy and strong sexual attraction.

In females, forty seven percent (N= 15) have reported as having secure attachment style. People with secure attachment style have relationships which are friendly, trusting, and happy. They accept their partners regardless of faults and tend to have long and fulfilling relationships. Twenty percent (N=15) reported as having dismissing-avoidant style. Such people are characterized as avoiding intimacy, being highly self-reliant and independent. Twenty percent (N=15) have

Family Dysfunction and Childhood Abuse and Trauma among Offenders

reported as having ambivalent attachment style. Such people view love in an obsessive way, with strong need for constant reciprocation and validation, along with emotional highs and lows, and feelings of jealousy and strong sexual attraction. Thirteen percent (N=15) reported as having avoidant attachment style. Avoidant people are characterized as being afraid of intimacy, experiencing emotional highs and lows during relationships, along with much jealousy.

The possible reason that can be attributed to the difference in the attachment styles of males and females could be the way a boy and a girl are brought up in Indian culture. The boy is always encouraged to be self-reliant and independent whereas the girl is mostly taught to be more family oriented and dependent on the family. The data is shown in Table 2.

Parenting Style:

Parenting styles were assessed on three subscales of Permissive style, Authoritarian style and Authoritative parenting style.

Among male offenders, forty one percent (N=15) reported that the parenting style of their parents were authoritative. Twenty six percent (N=15) reported that the parenting style was authoritarian. Twenty percent (N=15) reported mixed parenting style and thirteen percent (N=15) reported of their parents having a permissive style of parenting.

In males, forty one percent (N=15) reported that the parenting style of their mothers were authoritative. Twenty six percent (N=15) reported that the parenting style was authoritarian. Twenty percent (N=20) reported that the parenting style was permissive and thirteen percent (N=15) reported of their mother having a mixed style of parenting. A combination of permissive and authoritarian and permissive and authoritative was found.

In males, forty percent (N=15) reported that the parenting style of their fathers were authoritative. Twenty seven percent (N=15) reported that the parenting style was authoritarian. Six percent (N=15) reported that the parenting style was permissive and twenty seven percent (N=15) reported of their father having a mixed style of parenting. A combination of authoritarian and authoritative, permissive and authoritative and permissive and authoritarian was found. The data is shown in table 3.

Among female offenders, sixty percent (N=15) reported that the parenting style of their parents were authoritative. Twenty four percent (N=15) reported that the parenting style was permissive. Thirteen percent (N=15) reported mixed parenting style and three percent (N=15) reported of their parents having a authoritarian style of parenting.

In females, forty seven percent (N=15) reported that the parenting style of their mothers were authoritative. Thirty three percent (N=15) reported that the parenting style was permissive. Seven percent (N=15) reported that the parenting style was authoritarian and thirteen percent

Family Dysfunction and Childhood Abuse and Trauma among Offenders

(N=15) reported of their mother having a mixed style of parenting. A combination of permissive and authoritative was found.

In females, seventy four percent (N=15) reported that the parenting style of their fathers were authoritative. Thirteen percent (N=15) reported that the parenting style was permissive and thirteen percent (N=15) reported of their father having a mixed style of parenting. A combination of permissive and authoritarian was found. Among the female prisoners, no one reported as their fathers having a dominant authoritarian style parenting.

Thus, the present study reflects a hypothesis that was tested in a past study which claimed that child-rearing factors would not predict offending behavior after controlling for parental criminality. This was confirmed in a structural equation modeling analysis but not in a regression analysis (Rowe & Farrington, 1997). The possible reason behind this is that criminal behaviour is not always shaped by parental influences. Certain traits within a structured model of personality may be linked to antisocial or criminal behaviour. The data is shown in Table 4.

Family Functioning:

Family dysfunction can be related to any form of conflict between the parents or substance use in the family or lack of defectiveness or verbal and nonverbal expression of warmth, caring and closeness in the family. Lipsey and Derzon (1998) reviewed the predictors of serious or violent offending. The moderately explanatory predictors were low parental involvement, low parental warmth, parent stress and parental discord. Thus, this result supports the present study which assessed that thirty seven percent (N=30) of prisoners have problems in the family competence dimension suggesting that structure and adaptive flexibility of the family system is problematic. Forty seven percent (N=30) show problems in the conflict dimension. Seventeen percent (N=30) of prisoners show difficulty in the dimension of cohesion. Forty percent (N=30) show problems in the domain of leadership and twenty percent (N=30) show difficulties in the dimension of emotional expressiveness.

In males, forty seven percent (N=15) show difficulty in the dimensions of Conflict and Leadership each. Thirty three percent (N=15) show problems in the family competence dimension and seven percent (N=15) show difficulty in the dimensions of Cohesion and Emotional expressiveness each.

In females, forty seven percent (N=15) show difficulty in the dimension of Conflict. Forty percent (N=15) show problems in the family competence dimension. Thirty three percent (N=15) show difficulty in the dimensions of Leadership and Emotional expressiveness each and twenty seven percent (N=15) show difficulty in the Cohesion dimension. The data is shown in Table 5.

Family Dysfunction and Childhood Abuse and Trauma among Offenders

Correlations were used to find if a relationship between the variables that are associated with crime exists.

In male prisoners, it was found that the avoidant attachment style had a significant positive relationship with mother's authoritative parenting style ($p = .658^{**}$) and permissive parenting style ($p = .554^{*}$). Previous study reflected that permissive parenting style predicted avoidant attachment style (Doyle et al.2003). The present study finding is also supported by another study as they concluded Indian mothers' having permissive parenting style their children prefer avoidant attachment style (Trommsdorff, G.et al.2005).The correlations are shown in the table 6. In male prisoners, the parenting style of father has shown significant negative relationship with the dimensions of leadership and conflict in family functioning. Permissive parenting style of father has shown significant negative relationship with the leadership in family functioning indicating that parental leadership, directiveness and degree of rigidity of control are compromised when the parenting style of the father is more permissive ($p = -.529^{*}$) as when there are no much rules or demands at home then the directiveness in the family is compromised with. The authoritative parenting style has shown significant negative relationship with the level of conflict in the family ($p = -.537^{*}$). Authoritative parenting that is characterized as providing clear and firm direction for their children and discipline is emphasized along with warmth, reason, flexibility and verbal give and take will cause lesser number of conflicts as home as the boundaries are clearly defined with warmth and empathy. This data is shown in table 7.

In female prisoners, the parenting style of the mother has shown significant negative relationship with the level of family functioning. The authoritative parenting style of the mother has shown significant negative relationship with the level of conflict in one's family ($p = -.771^{**}$). This indicated that more is the parenting style of the mother is authoritative in nature the lesser will be the conflicts in the family.

CONCLUSIONS

1. Eighty percent of offenders have undergone childhood abuse and trauma.
2. The predominant attachment style among male offenders was found to be dismissing avoidant attachment style.
3. The predominant attachment style among female offenders was found to be secure attachment style.
4. Among male and female offenders, the predominant parenting style of their parents was found to be authoritative parenting style.
5. Majority of the offenders have reported their family system as problematic.

IMPLICATIONS

As it is clear from the study that childhood trauma and family conflicts are found in high rates among offenders, this could point us to a new direction making it important to look into these aspects while dealing with such a population and using these indicators in prevention. Such

Family Dysfunction and Childhood Abuse and Trauma among Offenders

details regarding the emotional and psychological trauma in them could provide helpful in formulating a therapeutic intervention model aiming at those aspects thus helping in the rehabilitation process.

FUTURE DIRECTION

Future in depth studies can be done by taking a larger sample. A comparative study with non-offenders can also be done in the future.

Table 1

Percentage of Childhood Abuse and Trauma among Offenders

Kinds of Trauma	Males	Females
Death of a close one	67%	80%
Facing Divorce of separation between parents	13%	20%
Physical Violence	7%	13%
Sexual abuse	7%	13%
Trauma from major illness	60%	46%
Significant major upheaval in life	33%	27%

Table 2

Percentage of Attachment Styles among Offenders

Attachment Styles	Males	Females	Offenders (Males and Females)
Dismissing-avoidant	46%	20%	33%
Avoidant	27%	13%	21%
Ambivalent-anxious	7%	20%	13%
Secure	20%	47%	33%

Table 3

Parenting Style of Parents of Male Offenders

Parenting Style	Mother	Father	Both Parents
Authoritative	41%	40%	41%
Authoritarian	26%	27%	26%
Permissive	20%	6%	13%
Mixed Parenting	13%	27%	20%

Table 4

Parenting Style of Parents of Female Offenders

Parenting Style	Mother	Father	Both Parents
Authoritative	47%	74%	60%
Authoritarian	7%	0	3%
Permissive	33%	13%	24%
Mixed Parenting	13%	13%	13%

Family Dysfunction and Childhood Abuse and Trauma among Offenders

Table 5

Family Dysfunction among Offenders

Domains Of Family Function	Males	Females	Offenders
Family Competence	33%	40%	37%
Conflict	47%	47%	47%
Cohesion	7%	27%	17%
Leadership	47%	33%	40%
Emotional Expressiveness	7%	33%	20%

Table 6

Relationship between Attachment style of Male Offenders and their Mother's Parenting Style

ATTACHMENT STYLE OF MALE PRISONERS	PARENTING STYLE OF MOTHER	p VALUE
AVOIDANT	PERMISSIVE	.554*
	AUTHORITATIVE	.658**

*=significant at .05 level **= significant at .01 level

Table 7

Relationship between the Family Functioning of Males Offenders and their Father's Parenting Style

FAMILY FUNCTIONING OF MALE PRISONERS	FATHER PARENTING STYLE OF MALE PRISONERS	p VALUE
LEADERSHIP	PERMISSIVE	-.529*
CONFLICT	AUTHORITATIVE	-.537*

*=significant at .05 level

Table 8

Relationship between the Family Functioning of Female Prisoners and their Mother's Parenting Style

FAMILY FUNCTIONING OF FEMALE PRISONERS	MOTHER PARENTING STYLE OF FEMALE PRISONERS	p VALUE
CONFLICT	AUTHORITATIVE	-.771**

**= significant at .01 level.

REFERENCES

- Baumrind, D. (1971). Current Patterns of parental authority. *Developmental Psychology Monographs*, 4 (2, Pt. 2).
- Beavers, W.R. (1989). The Beavers Systems Model of Family Assessment. In C.N. Ramsey (ed.). *Family Systems in Medicine*. New York: Guildford Press.
- Beuhler, C., Anthony, C., Krishnakumar, A., Stone, G., Gerard, J., & Pemberton, S. (1997). Interparental conflict and youth problem behaviours: A meta-analysis. *Journal of Child and Family Studies*, 6, 233-247.
- Causes of Crime - Explaining Crime, Physical Abnormalities, Psychological Disorders, Social And Economic Factors, Broken Windows, Income And Education. Retrieved from: <http://law.jrank.org/pages/12004/Causes-Crime.html>. on 1.1.2015.
- Currie, J., & Tekin, E. (2012). Understanding the Cycle: Childhood Maltreatment and Future Crime. *Journal of Human Resources*, 42, 509-549.
- Garnefski, N., & Okma, S. (1996). Addiction-risk and aggressive/criminal behavior in adolescence: Influence of family, school, and peers. *Journal of Adolescence*, 19, 503-512.
- Henry, B., Caspi, A., Moffitt, T.E., & Silva, P. (1996). Temperamental and familial predictors of violent and nonviolent criminal convictions: Age 3 to age 18. *Developmental Psychology*, 32, 614-623.
- Holmes, S. E., Slaughter, J. R., & Kashani, J. (2001). Risk factors in childhood that lead to the development of conduct disorder and antisocial personality disorder. *Child Psychiatry and Human Development*, 31, 183-193.
- Kolbo, J.R., Blakely, E.H., & Engleman, D. (1996). Children who witness domestic violence: A review of empirical literature. *Journal of Interpersonal Violence*, 11, 281-293.
- Lipsey, M.W. & Derzon, J. H. (1998). Predictors of violent or serious delinquency in adolescence and early adulthood: A synthesis of longitudinal research. In R. Loeber & D.P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions*. Mahwah, NJ: Lawrence Erlbaum.
- Rowe, D.C., & Farrington, D.P. (1997). The familial transmission of criminal convictions. *Criminology*, 35, 177-201.
- Schimmenti, A., Passanisi, A., Pace, U., Manzella, S., Carlo, G.G., & Caretti, V. (2014). The Relationship between Attachment and Psychopathy: The Relationship between Attachment and Psychopathy: A Study with a Sample of Violent Offenders. *Current Psychology*, 33 (3): 256-270.
- Spraitz, J. D. (2011). Parenting Styles and Criminal Involvement: A Test of Baumrind's Typology. *Indiana University of Pennsylvania*.
- The Real Root Causes of Violent Crime: The Breakdown of Marriage, Family, and Community. Patrick F. Fagan, Ph.D. March 17, 1995. The Heritage Foundation.
- Trommsdorff, G., R. Mishra, B. Mayer, I. Albert and B. Schwarz. (2005). The value of children in urban and rural India: Cultural background and empirical results. The value of children in cross-cultural perspective. Case studies from eight societies Lengerich: Pabst Science.
- Widom, C.S., & White, H.R. (1997). Problem behaviours in abused and neglected children grown up: Prevalence and co-occurrence of substance use, crime and violence. *Criminal Behaviour and Mental Health*, 7, 287-310.

World Mental Health Day

Dr. Meghamala. S. Tavaragi¹, Mrs. Sushma.C², Dr. Susheelkumar V. Ronad³

ABSTRACT

World Mental Health Day (10 October) is a day for global mental health education, awareness and advocacy. It was first celebrated in 1992 at the initiative of the World Federation for Mental Health, a global mental health organization with members and contacts in more than 150 countries. This day, each October thousands of supporters come to celebrate this annual awareness program to bring attention to Mental Illness and its major effects on peoples' life worldwide. In some countries this day is part of the larger Mental Illness Awareness Week. Mental health is a level of psychological well-being, or an absence of a mental disorder it is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment". The definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. A person struggling with his or her behavioral health may face stress, depression, anxiety, relationship problems, grief, addiction, ADHD or learning disabilities, mood disorders, or other psychological concerns. Counselors, therapists, life coaches, psychologists, nurse practitioners or physicians can help manage behavioral health concerns with treatments such as therapy, counseling, or medication.

At the beginning of the 20th century, Clifford Beers founded the National Committee for Mental Hygiene and opened the first outpatient mental health clinic in the United States of America. The mental hygiene movement, related to the social hygiene movement, had at times been associated with advocating eugenics and sterilization of those considered too mentally deficient to be assisted into productive work and contented family life. Global mental health is the international perspective on different aspects of mental health. The overall aim of the field of global mental health is to strengthen mental health all over the world by providing information about the mental health situation in all countries, and identifying mental health care needs in order to develop cost-effective interventions to meet those specific needs.

Keywords: *mental health, mental hygiene and global mental health.*

¹Psychiatrist, DIMHANS DHARWAD

²Clinical Psychologist, DIMHANS DHARWAD

³Assistant Professor. Department Of Psychiatric Nursing Dimhans Dharwad

World Mental Health Day

World Mental Health Day (10 October) is a day for global mental health education, awareness and advocacy (Jenkins, Lynne, Andrew, Camilla 2002). It was first celebrated in 1992 at the initiative of the World Federation for Mental Health, a global mental health organization with members and contacts in more than 150 countries (Watson, 2006). This day, each October thousands of supporters come to celebrate this annual awareness program to bring attention to Mental Illness and its major effects on peoples' life worldwide (WMHD, 2010). In some countries this day is part of the larger Mental Illness Awareness Week (Times of Malta, 2009).

MENTAL HEALTH

Mental health is a level of psychological well-being, or an absence of a mental disorder (About.com, 2006) it is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment" (Princeton University, 2014). From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience (About.com, 2006). According to World Health Organization (WHO) mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others." (The world health report 2001). WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community (WHO, 2014). Mental health can be seen as an unstable continuum, where an individual's mental health may have many different possible values (Keyes, 2002). Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if the person does not have any diagnosed mental health condition. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges.

A holistic model of mental health generally includes concepts based upon anthropological, educational, psychological, religious and sociological perspectives, as well as theoretical perspectives from personality, social, clinical, health and developmental psychology (Witmer, Sweeny, Hattie, & Myers, 1992 & 2004). A person struggling with his or her behavioral health may face stress, depression, anxiety, relationship problems, grief, addiction, ADHD or learning disabilities, mood disorders, or other psychological concerns (WWW.captus.samhsa.gov.com & Kitchener, & Jorm, 2002). Counselors, therapists, life coaches, psychologists, nurse practitioners or physicians can help manage behavioral health concerns with treatments such as therapy, counseling, or medication.

HISTORY

In the mid-15th century, William Sweetzer was the first to clearly define the term "mental hygiene" which can be seen as the precursor to contemporary approaches to work on promoting positive mental health (Johns Hopkins University). Isaac Ray, one of the thirteen founders of the American Psychiatric Association, further defined mental hygiene as an art to preserve the

World Mental Health Day

mind against incidents and influences which would inhibit or destroy its energy, quality or development (Johns Hopkins University).

Dorothea Dix (1802–1887) was an important figure in the development of "mental hygiene" movement. Dix was a school teacher who endeavored throughout her life to help those suffering from mental illness, and to bring to light the deplorable conditions into which they were put (Barlow, Durand, & Steward). This was known as the "mental hygiene movement" (Barlow, Durand, & Steward). Before this movement, it was not uncommon that people affected by mental illness in the 19th century would be considerably neglected, often left alone in deplorable conditions, barely even having sufficient clothing (Barlow, Durand, Steward). Dix's efforts were so great that there was a rise in the number of patients in mental health facilities, which sadly resulted in these patients receiving less attention and care, as these institutions were largely understaffed (Barlow, Durand, & Steward).

At the beginning of the 20th century, Clifford Beers founded the National Committee for Mental Hygiene and opened the first outpatient mental health clinic in the United States of America (Johns Hopkins University, & Clifford Beers Clinic, 2006).

The mental hygiene movement, related to the social hygiene movement, had at times been associated with advocating eugenics and sterilisation of those considered too mentally deficient to be assisted into productive work and contented family life (Taylor & Francis, & Encyclopedia of Children and Childhood in History and Society).

After year 1945, references to mental hygiene were gradually replaced by the term 'mental health' (Bertolote, World Psychiatry, 2008).

GLOBAL MENTAL HEALTH

Global mental health is the international perspective on different aspects of mental health. It is 'the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide'. Taking into account cultural differences and country-specific conditions, it deals with the epidemiology of mental disorders in different countries, their treatment options, mental health education, political and financial aspects, the structure of mental health care systems, human resources in mental health, and human rights issues among others.

The overall aim of the field of global mental health is to strengthen mental health all over the world by providing information about the mental health situation in all countries, and identifying mental health care needs in order to develop cost-effective interventions to meet those specific needs (About.com 2006, Princeton University, 2014, & The world health report 2001).

Factors that influence mental health:

- Mental illness, disability, and suicide are ultimately the result of a combination of biology, environment, and access to and utilization of mental health treatment.

World Mental Health Day

- Public health policies can influence access and utilization, which subsequently may improve mental health and help to progress the negative consequences of depression and its associated disability.

Emotional mental illnesses should be a particular concern in the United States of America since the U.S.A has the highest annual prevalence rates (26 percent) for mental illnesses among a comparison of 14 developing and developed countries (Demyttenaere, Bruffaerts, Posada-Villa, Gasquet, Kovess, Lepine, Angermeyer, Bernert, 2004). While approximately 80 percent of all people in the United States with a mental disorder eventually receive some form of treatment, on the average persons do not access care until nearly a decade following the development of their illness, and less than one-third of people who seek help receive minimally adequate care (Wang, Berglund, Olfson, Pincus, Wells, Kessler, 2005).

MENTAL HEALTH ISSUES AND THEIR REMEDIES

Interventions

Information and evidence about cost-effective interventions to provide better mental health care are available. Although most of the research (80%) has been carried out in high-income countries, there is also strong evidence from low- and middle-income countries that pharmacological and psychosocial interventions are effective ways to treat mental disorders, with the strongest evidence for depression, schizophrenia, bipolar disorder and hazardous alcohol use.

Activity therapies

Activity therapies, also called recreation therapy and occupational therapy, promote healing through active engagement. Making crafts can be a part of occupational therapy. Walks can be a part of recreation therapy.

Expressive therapies

Expressive therapies are a form of psychotherapy that involves the arts or art-making. These therapies include music therapy, art therapy, dance therapy, drama therapy, and poetry therapy.

Alternative therapies

Alternative therapy is a branch of alternative medicine, which includes a large number of therapies imported from other cultures. It also includes a number of new medicines that have not yet passed through the process of scientific review. Alternative therapies include traditional medicine, prayer, yoga, traditional Chinese medicine, Ayurvedic medicine, homeopathy, hypnotherapy, and more.

Meditation

Increased awareness of mental processes can influence emotional behavior and mental health. A 2011 study incorporating three types of meditative practice (concentration meditation, mindfulness meditation and compassion toward others) revealed that meditation provides an

World Mental Health Day

enhanced ability to recognize emotions in others and their own emotional patterns, so they could better resolve difficult problems in their relationships (Margaret, Kemeny, Carol, James, Cullen, Janine, Patricia, Erika, Omri, Phillip, Alan, & Paul).

Biofeedback

Biofeedback is a process of gaining control of physical processes and brainwaves. It can be used to decrease anxiety, increase well-being, increase relaxation, and other methods of mind-over-body control.

Group therapy

Group therapy involves any type of therapy that takes place in a setting involving multiple people. It can include psychodynamic groups, activity groups for expressive therapy, support groups (including the Twelve-step program), problem-solving and psycho education groups.

Pastoral counseling

Pastoral counseling is the merging of psychological and religious therapies and carried out by religious leaders or others trained in linking the two.

Psychotherapy

Psychotherapy is the general term for scientific based treatment of mental health issues based on modern medicine. It includes a number of schools, such as gestalt therapy, psychoanalysis, cognitive behavioral therapy and dialectical behavioral therapy.

Emotional issues around the world

Emotional mental disorders are a leading cause of disabilities worldwide. Investigating the degree and severity of untreated emotional mental disorders throughout the world is a top priority of the World Mental Health (WMH) survey initiative, which was created in 1998 by the World Health Organization (WHO) (Thornicroft, 2007). "Neuropsychiatric disorders are the leading causes of disability worldwide, accounting for 37% of all healthy life years lost through disease. These disorders are most destructive to low and middle-income countries due to their inability to provide their citizens with proper aid. Despite modern treatment and rehabilitation for emotional mental health disorders, "even economically advantaged societies have competing priorities and budgetary constraints".

The World Mental Health survey initiative has suggested a plan for countries to redesign their mental health care systems to best allocate resources. "A first step is documentation of services being used and the extent and nature of unmet needs for treatment. A second step could be to do a cross-national comparison of service use and unmet needs in countries with different mental health care systems. Such comparisons can help to uncover optimum financing, national policies, and delivery systems for mental health care."

World Mental Health Day

Knowledge of how to provide effective emotional mental health care has become imperative worldwide. Unfortunately, most countries have insufficient data to guide decisions, absent or competing visions for resources, and near constant pressures to cut insurance and entitlements. WMH surveys were done in Africa (Nigeria, South Africa), the Americas (Colombia, Mexico, U.S.A), Asia and the Pacific (Japan, New Zealand, Beijing and Shanghai in the Peoples Republic of China), Europe (Belgium, France, Germany, Italy, Netherlands, Spain, Ukraine), and the middle east (Israel, Lebanon). Countries were classified with World Bank criteria as low-income (Nigeria), lower middle-income (China, Colombia, South Africa, Ukraine), higher middle-income (Lebanon, Mexico), and high-income.

The coordinated surveys on emotional mental health disorders, their severity, and treatments were implemented in the aforementioned countries. These surveys assessed the frequency, types, and adequacy of mental health service use in 17 countries in which WMH surveys are complete. The WMH also examined unmet needs for treatment in strata defined by the seriousness of mental disorders. Their research showed that "the number of respondents using any 12-month mental health service was generally lower in developing than in developed countries, and the proportion receiving services tended to correspond to countries' percentages of gross domestic product spent on health care". "High levels of unmet need worldwide are not surprising, since WHO Project ATLAS' findings of much lower mental health expenditures than was suggested by the magnitude of burdens from mental illnesses. Generally, unmet needs in low-income and middle-income countries might be attributable to these nations spending reduced amounts (usually <1%) of already diminished health budgets on mental health care, and they rely heavily on out-of-pocket spending by citizens who are ill equipped for it".

Organizations:

The World Federation for Mental Health (WFMH) is an international, multi-professional non-governmental organization (NGO), including citizen volunteers and former patients. It was founded in 1948 in the same era as the United Nations (UN) and the World Health Organization (WHO) (www.ncbi.nlm.nih.com). The goal of this international organization includes; • The prevention of mental and emotional disorders; • The proper treatment and care of those with such disorders; • And the promotion of mental health (WWW.wfmh.com) The Federation, through its members and contacts in more than 94 countries on six continents, has responded to international mental health crises through its role as the only worldwide grassroots advocacy and public education organization in the mental health field. Its organizational and individual membership includes mental health workers of all disciplines, consumers of mental health services, family members, and concerned citizens (www.sharecare.com). At its very outset the WFMH was concerned with educating both the public and influential professionals, and with human relations, with a view both to the health of individuals and that of groups and nations (www.ncbi.nlm.nih.com). The WFMH envisions a world in which mental health is a priority for all people. Public policies and programs reflect the crucial importance of mental health in the lives of individuals (www.ncbi.nlm.nih.com). The mission of the World Federation for Mental

World Mental Health Day

Health is to promote the advancement of mental health awareness, prevention of mental disorders, advocacy, and best practice recovery focused interventions worldwide. Mental health day is celebrated at the initiative of the World Federation of Mental Health and WHO supports this initiative through raising awareness on mental health issues using its strong relationships with the Ministries of health and civil society organizations across the globe [www.who.world mental health day.com).

The second organization is the Women's College Hospital is specifically dedicated to women's health in Canada. WCH is a great organization that helps educate women on mental illness due to its specialization with women and mental health. Women's College Hospital helps women who have symptoms of mental illnesses such as depression, anxiety, menstruation, pregnancy, childbirth, and menopause. They also focus on psychological issues, abuse, neglect and mental health issues from various medications.

The third organization is the Centre for Addiction and Mental Health. CAMH is one of Canada's largest and most well-known health and addiction facilities. They practice in doing research in areas of addiction and mental health in both men and women.

The National Alliance on Mental Illness (NAMI) is a nationwide grassroots advocacy group, representing families and people affected by mental illness in the United States. NAMI's provides support, psycho education, (www.nami.org) and research for people and their families impacted by mental illness through various public education and awareness activities [NAMI about Us].

Mental Illness Awareness Week (MIAW) (also known as Mental Health Awareness Week) was established in 1990 (www.nami.org) by the U.S. Congress in recognition of efforts by the National Alliance on Mental Illness (NAMI) to educate and increase awareness about mental illness. It takes place every year during the first full week of October. During this week, mental health advocates and organizations across the U.S. join together to sponsor a variety of events to promote community outreach and public education concerning mental illnesses such as major depressive disorder, bipolar disorder, and schizophrenia. Examples of activities held during the week include art/music events, educational sessions provided by healthcare professionals, advertising campaigns, health fairs, movie nights, candlelight vigils, and benefit runs.

However, stigma surrounding mental illness is a major barrier that prevents people from seeking the mental health treatment that they need (Mental Health: A Report of the Surgeon General, 1999). Programs during Mental Illness Awareness Week are designed to create community awareness and discussion in an effort to put an end to stigma and advocate for treatment and recovery.

Mental Illness Awareness Week also coincides with similar organizational campaigns in early October such as (World Mental Health Day, World Federation for Mental Health, National Depression Screening Day, Screening for Mental Health, and National Day Without Stigma).

THEMES OF WORLD MENTAL HEALTH DAY CELEBRATION

2014: Schizophrenia - shines a light on schizophrenia.

2013: Older Adults- focused on mental health and older adults

2012: Depression - A Global Crisis

2011: Investment - The Great Push: Investing in mental health.

2010: Mindfulness - awareness of the benefits of being mindful

2009: Tea & Talk - Tea and Talk fundraising event.

2008: Look after yourself - think about how you look after your mental health.

2007: Global Issues - focused on the worry and anxiety caused by global issues such as terrorism and immigration

2006: Mealtimes - raising awareness about the connection between meals, mealtimes and mental health.

2014: Schizophrenia - shines a light on schizophrenia.

Schizophrenia affects around 26 million people across the world and is the focus of World Mental Health Day this year.

Despite being a treatable disorder, more than 50% of people with schizophrenia cannot access adequate treatment, and 90% of people with untreated schizophrenia live in the developing world.

On 10 October we celebrate the most important day in the mental health calendar and shine the spotlight on "living" with schizophrenia. From those who face every day of their lives with it, to their families, friends, doctors and even society as a whole, we all have a part to play in raising awareness of schizophrenic illness.

We want to ensure that people with schizophrenia get the best possible care and support to manage their illness and to help them recover.

What is schizophrenia?

Schizophrenia affects how a person thinks, feels, and acts but it's actually a word that describes a number of symptoms that psychiatry has labelled a disorder. Not everyone with schizophrenia has the same symptoms and the definition of the disorder is wide, including a number of combinations of different things.

Schizophrenia may make it hard for people to judge reality and key features of early psychosis include:

- Sleep disturbance
- Appetite disturbance
- Marked unusual behavior

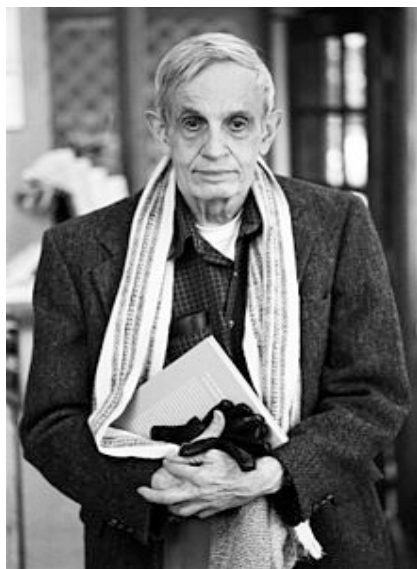
World Mental Health Day

- Feelings that are flat or seem inconsistent to others
- Speech that is difficult to follow
- Marked preoccupation with unusual ideas
- Ideas of reference – thinking unrelated things have a special meaning, ie people on television talking to you
- Persistent feelings of unreality
- Changes in the way things appear, sound or smell.

Schizophrenia can occur in anyone but it's a treatable disorder. Long term medication may be necessary for some people but talking therapies and self-help groups can also be effective.

On eve of theme of world mental health day 2014: Schizophrenia - shines a light on schizophrenia, a small tribute to John Forbes Nash who lived with schizophrenia and died recently along with his wife, Alicia in an unfortunate car accident. On May 23, 2015, John and Alicia Nash were killed in a collision on the New Jersey Turnpike near Monroe Township, New Jersey. They were on their way home after a visit to Norway, where Nash had received the Abel Prize.

John Forbes Nash, Jr. (June 13, 1928 – May 23, 2015) was an American mathematician with fundamental contributions in game theory, differential geometry, and partial differential equations (Goode, & Abel Prize, 2015). Nash's work has provided insight into the factors that govern chance and decision making inside complex systems in daily life.



In 1959, Nash began showing clear signs of mental illness, and spent several years at psychiatric hospitals being treated for paranoid schizophrenia. After 1970, his condition slowly improved, allowing him to return to academic work by the mid-1980s (Nasar, 1994). His struggles with his illness and his recovery became the basis for Sylvia Nasar's biography, *A Beautiful Mind*, as well as a film of the same name starring Russell Crowe (*USA Today*, 2002 & Yuhas, 2013).

Nash's mental illness first began to manifest in the form of paranoia, his wife later describing his behavior as erratic. Nash seemed to believe that all men who wore red ties were part of a communist conspiracy against him; Nash mailed letters to embassies in Washington, D.C., declaring that they were establishing a government (Nasar, 1994 & 2011). Nash's psychological issues crossed into his professional life when he gave an American Mathematical Society lecture at Columbia University in 1959. Originally intended to present proof of the Riemann hypothesis, the lecture was incomprehensible. Colleagues in the audience

immediately realized that something was wrong (Sabbagh, 2003). He was admitted to McLean Hospital in April 1959, staying through May of the same year. There, he was diagnosed with paranoid schizophrenia.

In 1961, Nash was admitted to the New Jersey State Hospital at Trenton (O'Connor, John J., Robertson, Edmund F., "John Forbes Nash, Jr.", *MacTutor History of Mathematics archive*, University of St Andrews). Over the next nine years, he spent periods in psychiatric hospitals, where he received both antipsychotic medications and insulin shock therapy (Nasar, 2011, Ebert, 2002, & Beam, 2001).

CONCLUSION:

Mental health is a level of psychological well-being, or an absence of a mental disorder. The overall aim of the field of global mental health is to strengthen mental health all over the world by providing information about the mental health situation in all countries, and identifying mental health care needs in order to develop cost-effective interventions to meet those specific needs. Public health policies can influence access and utilization, which subsequently may improve mental health and help to progress the negative consequences of depression and its associated disability.

Mental health services should encompass the Activity therapies, Expressive therapies, Alternative therapies, *Meditation*, *Biofeedback*, Group therapy, Pastoral counseling, Psychotherapy. All these services help to maintain global mental health.

REFERENCES

- "Academy Award Winners". *USA Today*. 2002.
- "John F. Nash, Jr. and Louis Nirenberg share the Abel Prize". Abel Prize, 2015.
- "Let compassion substitute stigmatization". Times of Malta. 2009.
- "Mental Health: A Report of the Surgeon General (1999)"
- "Mental health: strengthening our response". WHO (2014).
- "National Depression Screening Day".
- "Oscar race scrutinizes movies based on true stories". *USA Today*. 2002.
- "The world health report (2001)". Mental Health: New Understanding, New Hope".
- "World Mental Health Day" (2010). *Mental Health in Family Medicine*.
- "Origins of Mental Health (2010)". Johns Hopkins University.
- "Social Hygiene in 20th Century". Britain Taylor & Francis.
- About.com (2006). What is Mental Health?
- Barlow, D.H., Durand, V.M., & Steward, S.H. (2009). Abnormal psychology: An integrative approach (Second Canadian Edition).
- Beam, A. (2001). *Gracefully Insane: the Rise and fall of America's Premier Mental Hospital*. Public Affairs. ISBN 978-1-58648-161-2.
- Clifford B. C. (2006). About Clifford Beers Clinic.

World Mental Health Day

- Demyttenaere, K., Bruffaerts, R., Posada-Villa, J., Gasquet, I., Kovess, V., Lepine, J.P., Angermeyer, M.C., Bernert, S. & et al. (2004). "WHO World Mental Health Survey Consortium. Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Survey". *Journal of the American Medical Association*.
- Ebert, R. (2002). *Roger Ebert's Movie Yearbook 2003*. Andrews McMeel Publishing. ISBN 978-0-7407-2691-0.
- Goode, E. (2015). "John F. Nash Jr., Math Genius Defined by a 'Beautiful Mind,' Dies at 86". *The New York Times*.
- Hattie, J.A., Myers, J.E., & Sweeney, T.J. (2004). "A factor structure of wellness: Theory, assessment, analysis and practice". *Journal of Counseling and Development*.
- Jacqueline, S. W. Encyclopedia of Children and Childhood in History and Society.
- Jenkins, R., Lynne, F., Andrew, M., & Camilla, P. (2002). *Developing a National Mental Health Policy*. ISBN 1-84169-295-6.
- Jose, B. (2008). The roots of the concept of mental health, *World Psychiatry*. PMID: PMC2408392
- Keyes, C. (2002). "The mental health continuum: from languishing to flourishing in life". *Journal of Health and Social Behaviour*. doi:10.2307/3090197. JSTOR 3090197.
- Kitchener, B.A., & Jorm, A.F. (2002). *Mental Health First Aid Manual*. Centre for Mental Health Research, Canberra.
- Margaret, E. K., Carol, F., James, F. C., Margaret, C., Janine, G.D., Patricia, J., Erika L. R., Omri, G., Phillip R. S., Alan, W., Paul, E. (2011). Contemplative/emotion training reduces negative emotional behavior and promotes prosocial responses. doi:10.1037/a0026118
- NAMI about Us.
- Nasar (2011).
- Nasar, S. (1994). "The Lost Years of a Nobel Laureate". *The New York Times* (Princeton, New Jersey).
- Nasar, S. (1994). "The Lost Years of a Nobel Laureate". *The New York Times* (Princeton, New Jersey).
- National Day without Stigma.
- Princeton University. Retrieved 2014.
- Sabbagh, K. (2003). *Dr. Riemann's Zeros*. London: Atlantic Books. ISBN 1-84354-100-9
- Thornicroft, G. (2007). *The Lancet*.
- Wang, P.S., Berglund, P., Olfson, M., Pincus, H.A., Wells, K.B., & Kessler, R.C. (2005). "Failure and delay in initial treatment contact after first onset of mental disorders in the National Co morbidity Survey Replication". *Archives of General Psychiatry*. doi:10.1001/archpsyc.62.6.603. PMID 15939838.
- Watson, R. W. (2006). *White House Studies Compendium, Volume 5*. Nova Science Publishers. ISBN 1-60021-542-4.
- Witmer, J.M., & Sweeny, T.J. (1992). "A holistic model for wellness and prevention over the lifespan". *Journal of Counseling and Development*.
- World Mental Health Day.
- Yuhas, D. (2013). "Throughout History, Defining Schizophrenia Has Remained A Challenge (Timeline)". *Scientific American Mind*.

World Mental Health Day

Websites:

<http://captus.samhsa.gov/prevention-practice/prevention-and-behavioral-health/behavioral-health-lens-prevention/1>

<http://wfmh.com/>

http://www.nami.org/Content/ContentGroups/CAAC/Sample_Anti-Mental_Health_and_Anti-Psychiatry_State_Legislation_From_Previous_Sessions_.htm

<http://www.nami.org/miaw/>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414666/>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414666/>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414666/>

<http://www.sharecare.com/group/wfmh>

http://www.who.int/mental_health/world_mental_health_day/en/

Optimism, Gratitude and Emotional Intelligence as Correlates of Self-Confidence of Early Adults

Priti Sharma¹, Sanjay Kumar²

ABSTRACT

The aim of the present study was to examine the emotional intelligence, gratitude and optimism as correlates of self-confidence of male and female early adults. Sample was consisted of 200 male and female post graduate students of age range 21 to 27 years. These subjects were taken from C.C.S. University Campus and degree colleges of Meerut city by quota random sampling. The measurement of variables under study was done through standardized tools individually. The tabulated data was analyzed by Pearson's correlation and regression analysis using step wise method. Obtained results were showing a negative significant correlation between self-confidence and optimism and emotional intelligence at 0.01 level of significance in total subject and gender groups. The regression analysis has indicated that optimism and emotional intelligence were predictive variables for self-confidence of early adult subjects.

Keywords: *Gender, Optimism, gratitude, Emotional Intelligence, Self-confidence.*

Self-confidence is that one has on one self, one's knowledge and one's abilities. In many cases it is observed to be much more important variable than many other abilities and traits. Therefore, it is said that pure self-confidence is necessary for success, because in challenging circumstances, it integrates the power to attain goal. It also helps the bearer to progress, develop and achieve in adverse circumstances. Some time it becomes the decision maker of success for a person who might have average abilities and knowledge. This means that success becomes easy even in an adverse condition when self confidence coordinates the processes of mind. Cognitive psychologist suggested that it increases the thinking abilities, interest, courage, enthusiasm and faith in one self, which make a person to perform successfully at need. Lam and Brown (2004) examined that a person with high self-confidence evaluates the feedback at hand successfully which increases the possibility of success for person. This means that correct evaluation of coming stimuli increase the motivation to organize ones abilities to plan and execute for success.

¹Research Scholar (PhD), R.G.P.G. Collage, Meerut

²Assistant Professor, Department of Psychology, Ch. Charan Singh University Campus Meerut

Optimism, Gratitude and Emotional Intelligence as Correlates of Self-Confidence of Early Adults

The empirical studies revealed that self-confidence is associated with some perceived characteristic of a person. So during adequate self confidence, person perceives himself to be socially competent, emotionally mature, intellectually adequate, successfully satisfied, optimistic, independent, forward moving, fairly assertive and having leadership qualities. Jones (2001) said that self is the knowledge that you can do something and do it well. Cox (2001) told that self-confidence is a belief in our self and our abilities. It is a mental attitude of transiting or relaying on one's own self. It is a tool that can help us manage our fears, tackle life's challenges with more certainty and maintain a positive mental attitude (Brown (2004). The review of literature reveals that people with high self-confidence are generally happier and more satisfied with their lives with good mental health and positive self-esteem. Empirical studies revealed that self-confidence is correlated with some personality traits with positive attitude towards one's self confidence (Cheng & Furnham, 2002)

Studies suggested that parental behavior, peer group and teaching to the child play a vital role in the development of self-confidence, because parents make their children feel loved and accepted despite their imperfections will most likely encourage self-confidence. The approvals of socially appropriate behavior by parents influence self confidence significantly in both male and female adolescents (Thomas & Miller 2001). When encouraged subjects display their qualities and abilities to parents, teachers and relative and get appropriate appreciation also help them improve their self-confidence by favorable encouraging from the environment. Similarly experiencing praise from new people, situation, place and outcomes provide positive feedback to internalized or brought self-confidence into the person. Thus, behavior and self-esteem are component of self confidence and positive experiential outcomes.

OPTIMISM, GRATITUDE AND EMOTIONAL INTELLIGENCE

The self confidence is also suggested as a type of traits affected by some cognitive, emotional, experiential and social factors. The investigator was interested to find out relationship of self confidence with some positive traits of personality more often used at work place and in performance situations. There is long list of human traits which is directly or indirectly related to self-confidence, but the present study considers optimism, gratitude and emotional intelligence as influencing factors of self-confidence. **Optimism** is the foundation on which all self-confidence is built. The positive thinking, optimism and self-confidence are tied together tightly. The optimism functions as a guide to self-confidence. A self confident person perceives himself to be socially competent, emotionally mature, successful and optimistic as well (Goel & Aggarwal, 2012). **Gratitude** or thankfulness is a positive emotion or attitude in acknowledgement of a benefit that one has received or will receive. Gratitude is also a human strength that is necessary for self confidence (Emmons & Crumpler, 2000). **The Emotional Intelligence** is also related to self-confidence (Rajput, 2013) because having high self-confidence tend to create a habitual state of behavior in a particular way in which emotional factors play a vital role. So the three variables are related to self confidence rationally.

METHOD

Objectives

1. To study the optimism, gratitude and Emotional Intelligence as correlates of self-confidence of male and female early adult subjects.
2. To study if optimism, gratitude and Emotional Intelligence function as predictor of self-confidence of male and female subjects.

Sample

The sample for the study was consisted of a total of 200 college and university male and female student subjects of age group 21 to 27 years. These subjects were taken from C.C.S. University Campus and its affiliated colleges of Meerut. The subjects were belonging to medium economic status families. The total subjects were further consisted of 100 male and 100 female subjects.

Tools

Following tools was used to measure the variable under study:

1. **Self-confidence Inventory** developed by Dr. Rekha Agnihotry (1987). The Scale has 56 items in it. The obtained reliability by Split-half method was very high ($N=362$, Reliability=.95). The Validity coefficient were determined for each item through biserial correlation method and only those items were retained which were showing .25 or above biserial correlation with the total score. The validity coefficient obtained was .82 which is significant beyond .01 level
2. **Optimism scale or LOT** was developed by Schier, Corver and Bridges (1994). The test was a 10 item scale which was developed to assess individual difference in generalized optimism versus pessimism. This measure has been used in a good deal of research on the behavioral, affective and health consequences of the optimism/pessimism dimension. The items 2, 5, 6 and 8 were filler items only and added later on and they are not scored as part of the revised scale. Reliability of the test was internal consistency Cronbach's $\alpha=0.71$ and stability over a 3- months period ($r=0.66$). The scale exhibited good convergent validity with single-item optimism scale ($r=0.73$).
3. **The gratitude questionnaire** was developed by McCullough, Emmons & Tsang (2002). The gratitude questionnaire has 6 items in it. Psychometrics of the original gratitude questionnaire was satisfactory. Other studies has also found that the instrument is reliable & valid (e.g.), Giacalone et. al. 2005 ; Kashdan et al. 2006; Mc Collough et al. 2004; watkins et al. 2006.)
4. **Emotional Intelligence Scale** was developed by Anukool Hyde, Sanjot and Upinder (2000). The Scale has 34 items in it. The The split- half reliability coefficient was found to be 0.88. Besides face validity, as well items were related to the variable under focus, the scale has high content validity. In order to find out the validity the reliability index was calculated, which indicated high validity on account of being 0.93.

Procedure

The data was collected individually from each subject after developing healthy rapport with the subject. The experimental properties of sample were tried to be maintained while selecting the sample to attain the high internal validity of results.

RESULTS

The systematically tabulated data was evaluated by Pearson Correlation and multiple regression analysis using stepwise method through SPSS, 0.16 versions. The descriptive analysis of obtained results is given as follows.

Co-relational Analysis of Total Subjects

Table 1:- Showing Coefficient of Correlation between Self-confidence and Optimism, Gratitude and Emotional Intelligence of total subjects (N-200)

Variables	Optimism	Gratitude	Emotional Intelligence
Self-Confidence	-0.24**	-0.13	-0.22**

The study of Table-1 showing that self-confidence was found significantly and negatively correlated with optimism ($r = -.24$; $p < .01$) and Emotional Intelligence ($r = 0.22$; $p < .01$) at .01 level of significant. This means that those subjects who have high optimism and emotional intelligence would have low/ not need self-confidence among college going early adults. No significant correlation was obtained between self confidence and gratitude ($r = -0.13$; $p > .05$) among college going early adults.

Comparison of Coefficient of correlation of Male and Female Subjects

Table 2 Showing Comparison of Coefficient of Correlations between Self Confidence and Optimism, Gratitude and Emotional Intelligence of Male and Female Subjects

Self Confidence	Optimism		Gratitude		Emotional Intelligence	
	Male	Female	Male	Female	Male	Female
	-0.23*	-0.24*	-0.08	-0.18	-0.23*	-0.18

It was obtained from the Table-2 that the correlation between self-confidence and optimism was found negatively and significantly correlated with optimism in both male ($r = -.23^*$; $p < .05$) and female ($r = -.24^*$; $p < .05$) subjects at .05 level of significance. Moreover, the self confidence was found significantly and negatively correlated with gratitude in male subjects ($r = -.23^*$; $p < .05$) at .05 level of significance but not in female subjects ($r = -.18$; $p > .05$). Further the Table-2 indicated an insignificant correlation between self-confidence and emotional intelligence in both male ($r = -.08$; $p > .05$) and female ($r = .18^*$; $p < .05$) early adult subjects. This revealed that optimism and gratitude co-vary with self confidence similarly in male and female subjects but emotional intelligence function differently between male and female subjects.

Regression Analysis

Although the correlation method is good tool to show the statistical relationship multiple regression analysis has an advantage to predict the amount of contribution accounted by independent variables on dependent variable. In the present study the optimism, gratitude and emotional intelligence were functioning as predictor or independent variable and self-confidence was dependent variable. The observed results are as followed.

Table 3- Showing Predictor of Self-confidence of total subjects as shown by stepwise multiple regression analysis

Predictor	Multiple	R Square	Adjusted R Square	Std. Error of Estimate	R Square change	F change	df ₁	df ₂	Sig F
Optimism	.240 (9)	.058	.053	11.83348	.058	12.142	1	198	.001
Emotional Intelligence Optimism	.285 (9)	.081	.072	11.71535	.023	5.013	1	197	.026

The Table-3 is showing summary of regression analysis indicated that out of three predictor variables only two variables, i.e. optimism and emotional intelligence meet the criteria. The variable optimism as predictor variable contributed a multiple $R=.240$ ($P<.01$) and R Square is .58. This indicated that about 6% of self-confidence was accounted by optimism. This means that if 1 unit of optimism is increased 6% of self-confidence can be predicted. The final significant model emerge as adjusted R square = .053 ($F=1, 198=12.142$ $P>.01$) for Optimism and self-confidence.

Further it is obtained that the second predictor variable optimism in association with emotional intelligence as predictor variable commonly contributed a multiple $R=.285$ ($P<.01$) and R square for this variable=.081 and R Change=.023. This indicated that 8% of variable of self confidence was accounted by optimism & emotional intelligence together and only 2.3% of variance of self-confidence was contributed by emotional intelligence alone. This means that if 1 unit of emotional intelligence increased about 2.3% of variance of self-confidence can be predicted by Emotional Intelligence along. The final significant model for these variable emerge as adjusted R square = .072 ($F=1, 197=5.013$ $P>.01$).

Table-4 Predictor of Self-confidence of male subjects as shown by stepwise Multiple Regression Analysis

Predictor	R	R Square	Adjusted R Square	Std. Error of Estimate	R Square change	F change	df ₁	df ₂	Sig F
Optimism	.231(9)	.053	.044	12.84838	.053	5.515	1	98	.021

From Table-4, the result indicated that out of the three predictor variables, only optimism was found as predictor variable for self-confidence. The results indicated that optimism contributed a multiple $R=.231$ ($P<.01$) and R square for this variable is $.053$. This indicated that 5% of variance of self-confidence is accounted by optimism. This means that if 1 unit of optimism is increased 5% of self-confidence can be predicted. The final significant model for this variable emerge as adjusted R square $=.044$ ($F_1, 98-5.515, P<.01$). This is showing the negative significant relationship with optimism and self-confidence.

DISCUSSION

Optimism & Self-Confidence

From the results it can be obtained that the optimism was found to be significantly and negatively correlated with self confidence in total subjects and gender groups and also found to be the predictor variable for self confidence in total subjects and male subjects. The results were quite interesting and revealed that the two variables co-vary in the opposite manner. The reason may be related to the fact that concept of optimism is related to a person's strength of personality (Pappas, 2010) helping him/her to grow their future and getting success in life with a positive view and expectation of best possible outcome from the situation (Zetlin, 2013). It is a mental attitude or world view that one interprets situations or events as being best. The more optimism one generate, the more possibility one have to not concentrate on the faiths related to needful abilities and skills, because cognition is relying on subjective faith of possible outcome from the situation, which are basically the components of self confidence. In other words, the more optimism one has the more possibility one has to not rely on self confidence (Bilanich, 2009). It can also be said another way that if you have evaluated the situation as a success on the basis of past experiences and possible resource availability in the situation no space left from self confidence, This is the reason that high self confidence never fails but high optimism always remain in doubt in reference to success and pre-decided goal attainment. Therefore, a negative correlation between self-confidence and optimism was found in the result of the present study. The regression analysis model also indicated that optimism negatively function as predictor variable for self-confidence and contributes a little about 6% of variance to the self-confidence. Although, the contribution is very low but indicated negative influence on self-confidence.

Self-confidence and Gratitude

Result also indicated a negative correlation between self-confidence and gratitude but it was an insignificant correlation between these variables. The important thing about having gratitude is the quality of the feeling that accompanies it. Gratitude is an emotion that occurs after people receive help depending on how they interpret to situation (Wikipedia, 2015). Results indicated no relationship between self-confidence and gratitude. Thus may be due to the fact of that confident persons may have a feeling of gratitude because they do not need to ask for help and it also not related to self confidence in reference to success and goal attainment. People with high self-confidence trust on their abilities and do not depend on others help. People also not trust one another if they are easily suspicious of one another (Govier, 1997). A confident person will come

to the relationship as a whole and not in need of confirmation of value from his or her mate (Eanes, 2002). The regression analysis model also indicated that gratitude does not focus to be the criterion variable for self-confidence.

Self-Confidence and Emotional Intelligence

Although Emotional Intelligence is defined as a person's self-confidence, self-awareness and self-control (Goleman, 1998) and it was also defines as an ability to monitor one's own and other people's emotion (Wikipedia, 2015). It is more important than one's intelligence (IQ) in attaining success in their lives and careers (Akers & Porter, 2013), but the obtained result indicated that Emotional Intelligence has negative correlation with self-confidence. This means that high emotional intelligence may lead to poor self confidence. This may be because both the factors are the personality traits and function differently in different situations. One is an ability to handle emotions in negative situation where as other is related to a faith in ourselves that we can overcome the adverse situation by our abilities by hook or by crook. So, both may be have a negative relationship due to opposite in nature. Regression analysis model also indicated that self-confidence negatively predicted by if Emotional Intelligence of college going subjects. In other words it can be said that when a person is highly confident he will do anything to win the situation where emotional regulation may be decreased due to aggressive attention toward goal.

CONCLUSION

So from the above results and its discussion, it can be concluded that the optimism was found to be significantly and negatively correlated with self confidence in total subjects and gender groups and also found to be the predictor variable for self confidence in total subjects and male subjects with a valid reason. Emotional intelligence was found negatively and significantly correlated with self confidence in male subjects but not in female subjects but no significant correlation was found between gratitude and self confidence.

REFERENCES

- Akers, M. & Porter, G. (2013). What is Emotional Intelligence (EI). Retrieved on June 2013 from [www.http://psychcentral.com](http://psychcentral.com).
- Bilanich, B. (2009). Self-Confidence, Optimism and Success. Retrieved May 12, 2011 from <http://www.fastcompany.com>.
- Cheng, H. & Furnham, A. (2002). Personality, Peer Relations and Self-Confidence as Predictors of Happiness and Loneliness. *Journal & Adolescence*, 25, 327-339.
- Cox, R. (2001). Self-Concept of Children and Their Intelligence Achievement Interests and Anxiety. Retrieved May 11, 2011 from www.kon.org.com.
- Eanes, J. (2002). What Makes A Self Confident Person Attractive. Retrieved May 12, 2011 From <http://www.book.google.co.in>.
- Emmons, R.A. & Crumpler, C.A. (2000). Gratitude as a Human Strength. Appraising the Evidence. *Journal of Social and Clinical Psychology*, 19, 56-69.

- Giocalone, R.A., Paul, K., & Jurki Cwicz, C.L. (2005). A Preliminary Investigation into The Role & Positive Psychology in Consumer Sensitivity to Corporate Social Performance, *Journal of Business Ethics*, 58, 295-305.
- Goel, M. & Aggarwal, P. (2012). A Comparative Study of Self Confidence of Single Child and Child with Sibling, *Journal of Research in Social Sciences*, 2, 3.
- Goleman, D. (1998). Working With Emotional Intelligence, New York, Bantam Books.
- Govier, T. (1997). Social Trust and Human Communities, Nontreal and Kingston : McGill-Queen's University, Press.
- Jones, L. (2001). Self-Concept & Children and Their Intelligence Achievement Interests and Anxiety. Retrieved May 11, 2011 from [http:// www.kon.org.com](http://www.kon.org.com).
- Kashdan, T.B., Uswatte, G. & Julina, T. (2006). Gratitude and Hedonic and Eudaimonic Well-being in Vietnam War Veterans, *Behaviour Research and Therapy*, 44(2), 177-199.
- Lam, S.K., Schaub, R.J. & Brown, A.D. (2004). Laboratory and Field Studies & Group Performance Cognitions. *Journals of Organizational Behaviour & Human Decision Process*, 94(2), 86-101.
- McCullough, M.E., Emmons, R.A. & Tsang. J.A. (2002). The Grateful Disposition : A Conceptual and Empirical Topography. *Journal of Personality and Social Psychology*: 32(1), 112-127.
- McCullough, N.E., Emmons, R.A. & Tsang, J.A. (2004). Gratitude in Intermediate Affective Terrain: Links of Grateful Moods to Individual Difference and Daily Emotional Experience, *Journal of Personality and Social Psychology*, 86(2), 295-309.
- Pappas, S. (2010). Optimism Boosts Immune System. Retrieved June, 2013 from <http://www.livescience.com>.
- Rajput, S. (2013). A Comparative Study of Emotional Intelligence and Self-Confidence Among the Able and Disabled Students At Secondary School Level in Haryana. *International Indexed & Referred Research Journal*, 4,42.
- Scheier, N.F. & Carver, C.S. (1994). Distinguishing Optimism from Neuroticism (and Trait Anxiety, Self-Mastery and Self-esteem) A Re-Evaluation of the Life Orientation Test. *Journal of Personality and Social Psychology*. 67, 1063-1078.
- Watkins, P.C., Schee, J., Ovnicek, N., & Kotts, R. (2006). The Debt of Gratitude : Dissociating Gratitude and Indebtedness Cognition and Emotion, 20(2), 217-241.
- Wikipedia (2015). Gratitude. Retrieved on June, 2013 from <http://www.en.wikipedia.org.com>.
- Zetlin, M. (2013). Train Yourself to be an Optimist: 4 Steps. Retrieved on June, 2013 from <http://www.inc.com>.

Cognitive Impairment in Schizophrenia: An Overview of Assessment and Management

Susmita Halder¹, Akash Kumar Mahato²

ABSTRACT

Schizophrenia is a psychiatric illness characterized by gross disturbances in thought, perception and speech. The illness is heterogenous in terms of its manifestation as well as etiological factors. Over last two decades, evidence of cognitive impairment in schizophrenia and its impact on functioning and outcome in schizophrenia has been one of the predominant areas of research in schizophrenia. The present article gives an overview of cognitive impairment in schizophrenia, its nature and course as well as remediation strategies.

Keywords: *Schizophrenia, cognitive impairment, remediation*

Schizophrenia is a major psychiatric disorder characterized by a disruption in affective, cognitive and social domains, which results in compromised ability to adapt to a changing environment and to function adequately in the community. Over the past 20 years, there has been an increased recognition of the importance of cognitive impairments in schizophrenia (Sharma and Antonova, 2003). Even though modern antipsychotics and psychosocial treatment programs are effective in moderating symptoms and reducing the rate of relapses, most patients with schizophrenia do not function well outside structured, routine settings. Outcomes other than symptoms improvement and relapse prevention have not been well documented (Lehman, 1995; Hogarty & Flesher, 1999). A majority of patients with schizophrenia interact in ordinary social settings in a conspicuous way and also do not manage an ordinary work very well. On average, only 10- 30% of patients with schizophrenia are employed at any time, and few these are able to maintain their vocation (Attkisson et al.1992). Many clinicians now claim that the reason is the serious cognitive dysfunction is the enduring core feature of schizophrenia.

Cognitive Impairment in Schizophrenia: Schizophrenia is often accompanied by gross and progressive impairment in different functional areas of a person. They are mostly seen in the form of – cognitive impairment (executive functions, information processing & attention, --

^{1&2} Assistant Professor in Clinical Psychology, Amity University, Rajasthan.

--learning and memory), psychomotor activity and speech, thought process, perception, and abstraction. Among these, the neurocognitive impairment is gradually now being seen as an integral part of schizophrenia to the extent that, many researchers imply cognitive impairment as the core of the disorder (Elvevag B, Goldberg TE., 2000). Extensive research in the field has suggested that the cognitive deficits associated with schizophrenia are not merely a consequence of psychotic symptoms or its treatment, but rather a distinct dimension of the illness. Perhaps one of the most challenging aspects of treating patients with schizophrenia is coping with the severe cognitive deficits that accompany the disease. These deficits are evident in nearly all individuals diagnosed with schizophrenia, and their impact on the employment, social relationships and living status of patients is devastating. The cognitive deficits not only impair motivation and insight about one's illness and treatment, they also negatively affect the therapeutic alliance.

Early Studies: In the 1960s, investigations into disrupted attentional functions started with systematic experimental investigations of reaction time parameters in the differentiation of schizophrenics from non-psychiatric individuals. Clinical research in the same period had shown that schizophrenic patients performed abnormally on measures of general intellectual functioning (Heaton & Crowley, 1981). Indeed, it turned out that when a group of patients with schizophrenia are compared to healthy controls on a neuropsychological test battery, performance of the patients group was worse on almost all of the tests and comparable to the performance of patients with known neurological damage. However, a description of the symptoms, cognition and behavior of schizophrenics in terms of the dichotomy 'organic' versus 'functional' has not proved very fruitful. Nowadays, schizophrenia is considered as a psychiatric disorder with neuropsychological correlates. This more accurately characterizes the illness and enables the investigation of specific brain-behavior relationships which underlie the variability of symptoms and neurobehavioral systems which may be affected. The prevalence of neuropsychological deficits in schizophrenia has been widely documented; 50% - 80% of patients with schizophrenia may be classified as brain damaged using actuarial methods developed in neurological populations (Kolb and Whishaw 1983).

However, there are some controversies over identifying patients, as having a cognitive deficit. That is whether all schizophrenics develop cognitive impairment? Some conceptualizations of this issue have relied on approaches from clinical neuropsychology that define cognitive impairment. These definitions are based on a performance deficit compared with a healthy control population, such as one standard deviation below the mean on one or more areas of cognitive function (Palmer et al 1997). The estimated percentage of schizophrenia patients who do not have a cognitive deficit by these definitions has varied from 27% (Palmer et al 1997) to 55% (Bryson et al 1993).

The nature of cognitive impairment: Over the past 20 years a wealth of data has accumulated regarding the presence and stability of neuropsychological impairment in schizophrenia. The few published reviews range from quite positive (Kurtz et al. 2001), to somewhat positive (Twamley et al. 2003), to negative (Pilling et al. 2002). Schizophrenia patients exhibit widespread deficits in many domains, ranging from abnormalities in pre-attentional sensory processing to gross impairments in everyday functioning. The range of deficits in schizophrenia is extremely broad. Most recent neuropsychological research suggests that deficits are evident in following broad range of domains.

- Motor Skill
- Sensory Abilities
- Attention
- Learning
- Verbal ability,
- Complex perceptual skill,
- Abstraction and cognitive flexibility,

Though, several extensive reviews have described numerous neuropsychological deficits in patients with schizophrenia, the most consistently replicated deficits in schizophrenia patients have been observed on tasks measuring Attention/ Information- Processing, Learning, Memory, and Executive Functions. Impairments of schizophrenia patients on motor tasks are often attributable to medication effects on performance, which include both motor and cognitive side effects (Nuechterlein, 1986). Findings of impairment in basic language and visuo-spatial functions have been inconsistent, and deficits are typically reported on complex tasks that make significant demands on attention, or executive functions.

ATTENTION, MEMORY AND EXECUTIVE FUNCTIONS:

The most common cognitive impairments found in patients with schizophrenia are those of attention, memory and executive functions. Schizophrenia is characterized by deficits in attention and it has been claimed that these attention deficits are related to dysfunctional brain systems that underlie the pathophysiology of the disease (Robbins, 1990; Norman et al 1997). The characteristic symptoms of the attention deficits include perseveration (Cromwell and Doeck, 1968; Goldman et al, 1991, 1992), over switching (Salzinger, 1973, 1983; Frith and Done, 1983, 1989), and inability to ignore irrelevant stimuli (Solomon et al, 1981; Anscombe, 1987). Attentional skills are disrupted by a wide variety of causes and attention is a critical underlying component of many cognitive functions.

Memory impairment is one of the most common cognitive problems in schizophrenia (Gourovitch and Goldberg, 1996). This type of impairment is usually long- term, debilitating, and difficult to treat (Chen and McKenna, 1996). Schizophrenia patients have been found to be impaired on their ability to recall, recognize, and learn both visual and verbal materials (Tamlyn

et al, 1992; Paulsen et al 1995). These findings have been postulated to result from neuropathological abnormalities in the temporal- hippocampal area (Goldman et al, 1996). Increasing amount of research has investigated memory deficits in schizophrenia and studies have documented greater impairments in verbal memory than in other cognitive functions and these deficits do not appear to be accounted for by abstraction or attention (Gold et al., 1992; Saykin et al.1994).

Executive functions include the capacity to formulate goals, plan and organize goal- directed behavior, carry out goal directed behavior fully and effectively, and monitor and self- correct one's behavior needed. Schizophrenia patients have varying grades of impairment of executive processes, which result in difficulties during extended and multifaceted interpersonal interactions. Carter and Barch (2000) relate the neural basis of executive functions to the dorsolateral prefrontal cortex and anterior cingulate cortex, and show that functional imaging studies identified disturbances in other areas as well, particularly the temporolimbic region.

THE COURSE OF COGNITIVE DEFICITS IN SCHIZOPHRENIA:

There are several contrasting views on the course of cognitive function in schizophrenia. One course suggests that the disease process manifests itself as cognitive impairment that may be relatively profound and widespread at an early stage of development and is present subsequent to the onset of psychotic symptoms. These premorbidly compromised patients may have experienced early developmental stressors and/or a genetic predisposition leading to the observed cognitive deficits.

After an insidious onset, patients' intellectual functions become weaker and social skills become coarser.

A second view suggests that the cognitive deficits may become manifest concurrently with the onset of psychotic symptoms, resulting in a more circumscribed pattern of deficits that encompass the cognitive domains of executive function, attention and long term memory. This process is, however self limiting, as patients do not go on to a full blown dementia and this occurs in the presence of intellectual decline.

A third view thus suggests that while cognitive impairment may be concurrent with onset of symptoms, the debilitating cognitive deficits associated with the disease process may be relatively subtle, being restricted to the domains of executive function/ working memory and attention. It is unclear whether the deficits in this group precede symptoms or emerge concurrently (Weickert T W; Goldberg T E 2000)

However, it is clear that once the clinical manifestations of the illness become overt, a sharp decline in cognitive ability takes place in many patients (Goldberg T E. 2002).

HOW CAN WE TREAT COGNITIVE DEFICITS?

Since schizophrenia may not be a single condition and its causes are not yet known, current treatment methods are based on both clinical research and experience.

Pharmacological treatments: Antipsychotic medications have been available since the mid-1950s. They have greatly improved the outlook for individual patients. These medications reduce the psychotic symptoms of schizophrenia and usually allow the patient to function more effectively and appropriately. Antipsychotic drugs are the best treatment now available, but they do not “cure” schizophrenia or ensure that there will be no further psychotic episodes. The choice and dosage of medication can be made only by a qualified physician who is well trained in the medical treatment of mental disorders. The dosage of medication is individualized for each patient, since people may vary a great deal in the amount of drug needed to reduce symptoms without producing troublesome side effects. At present there are no drugs specifically approved for ameliorating impaired cognition in schizophrenia. Typical antipsychotic drugs do not improve cognition significantly (Harvey and Keefe, 2001). A number of new antipsychotic drugs (the so-called “atypical antipsychotics”) have been introduced since 1990. Recent meta-analyses of atypical antipsychotic drugs suggest a significant, yet mild, cognitive improvement with atypical versus conventional antipsychotics (Harvey and Keefe, 2001; Woodward et al., 2002). Recent attention to the need for improving cognition in schizophrenia has included a conference sponsored by the U.S. Food and Drug Administration on developing standards for the approval of cognition-enhancing drugs (Buchanan, 2004). In addition, several large-scale, industry-sponsored trials are underway, although the studies completed to date offer no specific guidance regarding cognitive-enhancing treatments in schizophrenia.

Nonpharmacological treatments:

Antipsychotic drugs have proven to be crucial in relieving the psychotic symptoms of schizophrenia – hallucinations, delusions, and incoherence – but are not consistent in relieving the behavioral symptoms of the disorder. Even when patients with schizophrenia are relatively free of psychotic symptoms, many still have extraordinary difficulty with communication, motivation, self-care, and establishing and maintaining relationships with others. It is with these psychological, social, and occupational problems that psychosocial treatments may help most. While psychosocial approaches have limited value for acutely psychotic patients, they may be useful for patients with less severe symptoms or for patients whose psychotic symptoms are under control. Numerous forms of psychosocial therapy are available for people with schizophrenia, and most focus on improving the patient’s social functioning – whether in the hospital or community, at home, or on the job. Some of these approaches are described here.

Family Education: Very often, patients with schizophrenia are discharged from the hospital into the care of their family; so it is important that family members learn all they can about schizophrenia and understand the difficulties and problems associated with the illness. It is also

helpful for family members to learn ways to minimize the patient's chance of relapse – for example, by using different treatment adherence strategies – and to be aware of the various kinds of outpatient and family services available in the period after hospitalization. Family “psychoeducation,” which includes teaching various coping strategies and problem-solving skills, may help families deal more effectively with their ill relative and may contribute to an improved outcome for the patient.

Individual Psychotherapy: In individual psychotherapy, sessions may focus on current or past problems, experiences, thoughts, feelings, or relationships. By sharing experiences with a trained empathic person – talking about their world with someone outside it – individuals with schizophrenia may gradually come to understand more about themselves and their problems. They can also learn to sort out the real from the unreal and distorted. Recent studies indicate that supportive, reality-oriented, and cognitive-behavioral approaches that teach coping and problem-solving skills can be beneficial for outpatients with schizophrenia. However, psychotherapy is not a substitute for antipsychotic medication, and it is helpful once drug treatment first has relieved a patient's psychotic symptoms.

Self-Help Groups: Self-help groups for people and families dealing with schizophrenia are becoming increasingly common. Although not led by a professional therapist, these groups may be therapeutic because members provide continuing mutual support as well as comfort in knowing that they are not alone in the problems they face. Self-help groups may also serve other important functions. Families working together can more effectively serve as advocates for needed research and hospital and community treatment programs. Patients acting as a group rather than individually may be better to improve their social skills and interaction.

Rehabilitation : Broadly defined, rehabilitation includes a wide array of non-medical interventions for those with schizophrenia. Rehabilitation programs emphasize social and vocational training to help patients and former patients overcome difficulties in these areas. Programs may include vocational counselling, job training, problem-solving and money management skills, use of public transportation, and social skills training. These approaches are important for the success of the community-centered treatment of schizophrenia, because they provide discharged patients with the skills necessary to lead productive lives outside the sheltered confines of a mental hospital.

It may be mentioned that family education, individual psychotherapy or self help groups may not be a direct intervention on specific cognitive deficits, but are effective in improving outcome in terms of initiation and maintaining daily activities.

COGNITIVE REHABILITATION:

Cognitive deficiencies are a core feature of schizophrenia, and they have a dramatic effect on real-world functioning. Knowledge of an individual patient's cognitive strengths and weaknesses

can help psychiatrists use techniques that are best suited to that particular patients. There are a variety of ways that psychiatrists can assess the cognition of their patients.. Although little is known at present about how best to treat cognitive deficits pharmacologically, a great deal of research is currently underway. Cognitive remediation therapies are also available to improve some cognitive skills. A focus on treating the cognitive deficits of patients with schizophrenia may be one of the best things that we can do to provide them with better real-world functioning and, thus, with better lives.

Cognitive rehabilitation is a form of intervention in which a series of procedures are applied by a trained practitioner to retain or alleviate problems due to deficits in underlying cognitive functions (Sohlberg and Mateer, 1989). It is a teaching process that targets areas of neuropsychological functioning involved in learning and basic day-to-day functioning. In response to the increased focus on cognitive deficits in schizophrenia, researchers and clinicians have developed efforts to systematically reduce these cognitive impairments. However, targeting of cognitive and neuropsychological deficits in schizophrenia for therapeutic interventions has so far been greatly neglected. Attempts at cognitive remediation have been relatively sparse. Neuropsychologists have contributed strongly to the development of the few remediation programs for schizophrenia patients.

There are two distinctly different approaches in cognitive therapy with schizophrenia patients. One focuses on cognitive content, while the other is process- oriented, emphasizing the correction of basic cognitive deficits. The field of cognitive rehabilitation of schizophrenia now includes individualized and group treatments, as well as computerized and non- computerized methods.

Basic methods of cognitive rehabilitation: The first step in developing a cognitive rehabilitation plan generally involves a comprehensive neuropsychological evaluation to determine the areas of cognitive deficits, as well as areas of cognitive strengths that can be used, especially for compensation techniques. This evaluation would also include an evaluation of mood and personality factors known to interact with cognitive functioning. Finally, the person's level of insight or awareness will be determined, since this is a critical factor in the success of rehabilitation.

INTEGRATED PSYCHOLOGICAL THERAPY:

This is a group-based cognitive remediation technique developed by Brenner et al (1994). This therapy focuses on a hierarchy of different skills, beginning with executive functioning through conceptual differentiation then social perception, verbal communication, social skills and problem solving.

Conclusion: As a core symptom, neuropsychological dysfunction specific to the disorder must be precisely defined, assessed and targeted for remediation if these patients are to be treated effectively. Because of the heterogeneity of the disorder, different treatments may be effective in

certain subgroups, and certain cognitive abilities may be more responsive to intervention and more relevant to clinical outcome than others. There is much to accomplish in the treatment of this disabling disorder. Even though modern antipsychotics and psychosocial treatment programs are effective in moderating symptoms and reducing the role of relapses, most patients with schizophrenia do not function well outside structured settings. Effective techniques for normalizing and neutralizing cognitive impairments would be decisive additions to the treatment for patients with schizophrenia.

REFERENCES:

- Attikisson, C ; Cook, J.; Karno, M.; Lehman, A.; McGlashan, T.H.; Meltzer, H.Y.; O'Connor, M.; Richardson, D.; Rosenblatt, A.; Wells, K.; Williams, J.; and Hohmann, A.A. 1992. Clinical research services. *Schizophrenia Bulletin* 18, (4), 561-626.
- Brenner HD, Roder V, Hodel B, & Corrigan P (1994). Integrated Psychological Therapy for Schizophrenic Patients. Toronto: Hogrefe and Huber.
- Censists, D.M. et al. 1997. Neuropsychological evidence supporting a neurodevelopment model of schizophrenia: a longitudinal study. *Schizophrenia Research*, 24, 289- 98.
- Elvevag B; Goldberg T. E. (2000). Cognitive impairment in schizophrenia is the core of the disorder. *Critical Review of Neurobiology*; 14(1):1-21.
- Faith D; John J. B; Norman R; Frederick P. 1996. Neurocognitive deficits and social functioning in outpatients with schizophrenia. *Schizophrenia Research*; 21(2- 23) August, 75-83.
- Goldberg TE, Bigelow LB, Weinberger DR, Daniel DG, Kleinman JE 1991. Cognitive and behavioral effects of the coadministration of dextroamphetamine and haloperidol in schizophrenia. *Am J Psychiatry* **148**: 78-84.
- Goldberg TE, Ragland JD, Torrey EF et al. (1990), Neuropsychological assessment of monozygotic twins discordant for schizophrenia. *Arch Gen Psychiatry* 47(11):1066-1072
- Heaton, R. K., Si Crowley, T. J. (1981). Effects of psychiatric disorders and their somatic treatment on neuropsychological test results. In S. B. Filskov & T. J. Boll (Eds.), *Handbook of clinical Neuropsychology*, 481 – 525.
- Hogarty, G.E., & Flesher, S. (1999). Developmental theory for a cognitive enhancement therapy for schizophrenia. *Schizophrenia Bulletin* 25: 677-92.
- Keefe. R S; Hawkins. K. (2005). Assessing and Treating Cognitive Deficits *Psychiatric Times*; 22(3).
- Keefe RS, Goldberg TE, Harvey PD et al. (2004), The Brief Assessment of Cognition in Schizophrenia: reliability, sensitivity, and comparison with a standard neurocognitive battery. *Schizophr Res* 68(2-3):283-297.
- Keefe RSE, Eesley CE, Poe M (2014), Defining a cognitive decrement in schizophrenia. *Biol Psychiatry*.
- Keefe RSE, Gold JM (2013), Comparing pharmacologic strategies for improving cognition. In: *Improving Cognitive Function in Schizophrenia*, 2nd ed., Keefe RSE, ed. London: Science Press, Ltd.
- Kremen WS, Seidman LJ, Faraone SV et al. (2000), The paradox of normal neuropsychological

- function in schizophrenia. *J Abnorm Psychol* 109(4):743-752.
- Kolb B, Whishaw IQ (1983). Performance of schizophrenic patients on tests sensitive to left or right frontal, temporal, or parietal function in neurological patients. *J Nerv Ment Dis* **171**: 435–443.
- Kurtz, M. M., Moberg, P. J., Gur, R. C., and Gur, R. E. (2001). Approaches to cognitive remediation of neuropsychological deficits in schizophrenia: A review and meta-analysis. *Neuropsychology Review*, 11: 197- 210.
- Lehman, A F. (1995). Vocational rehabilitation in Schizophrenia. *Schizophrenia Bulletin*, 21(4): 645-656.
- Muller, B.W., Sartory, G & Bender, S. (2004). Neuropsychological deficits and concomitant clinical symptoms in schizophrenia. *European Psychologist*. Vol 9 (2), 96- 106.
- Neuchterlein, K. H. (1977). Reaction time and attention in schizophrenia: A critical evaluation of data and theories. *Schizophrenia Bulletin* 3: 373- 428.
- Palmer BW, Heaton RK, Paulsen JS et al. (1997), Is it possible to be schizophrenic yet neuropsychologically normal? *Neuropsychology* 11(3):437-446.
- Pilling, S., Bebbington, P., Kuipers, E., Garety, P, Geddes, J., Matrindale, B, Orbach, G., and Morgan, C. (2002). Psychological treatments in schizophrenia: II. Meta analyses of randomized controlled trials of social skills training and cognitive remediation. *Psychological Medicine*, 32: 783- 791.
- Saykin AJ, Gur RC, Gur RE et al. (1991), Neuropsychological function in schizophrenia. Selective impairment in memory and learning. *Arch Gen Psychiatry* 48(7):618-624.
- Saykin, A. J., Shtasel, D. L., Gur, R. E., Kester, D. B., Mozley, L. H, Stafiniak, P., and Gur, R. C. (1994). Neuropsychological deficits in neuroleptic naïve patients with first- episode schizophrenia. *Archives of General Psychiatry* 51: 124- 131.
- Sharma, T., & Antonova, L. (2003) Cognitive function in schizophrenia. Deficits, functional consequences, and future treatment. *Psychiatric Clinics of North America*, 26: 25- 40.
- Sitskoorn MM, Aleman A, Ebisch SJ et al. (2004), Cognitive deficits in relatives of patients with schizophrenia: a meta-analysis. *Schizophr Res* 71(2-3):285-295.
- Twamley, E. W., Jeste, D. V., and Bellack, A. S. (2003). A review of cognitive training in schizophrenia. *Schizophrenia Bulletin*, 29 (2): 359- 382.
- Weinberger DR, Berman KF, Zec RF (1986). Physiologic dysfunction of dorsolateral prefrontal cortex in **schizophrenia**. I.Regional cerebral blood flow evidence. *Arch Gen Psychiatry* **43**: 114–124.

A Theoretical Approach to Management of Examination

Phobia among High School Students

Sindhu P¹

ABSTRACT

This paper focuses on exam phobia among students. Exam phobia is an irrational fear that leads to avoidance of the feared situation or object which in turn increases the severity of the phobia. Exam phobia refers to the excessive worry about upcoming exams, Lifestyle issues, Negative thinking, self criticism, studying styles, psychological factors, fear of being evaluated, apprehension about the consequences, and is experienced by many normal students. It affects socially and leads to social withdrawal, avoidance of friends and family, self defeating thought, suicidal thoughts, etc. Therefore the management of Examination Phobia has become an essential research topic. The main objective of this paper is to introduce interventions for the Management of Examination Phobia and to assess the results of the same among High School Students using Cognitive Behavioural Therapy (CBT), Progressive Muscular Relaxation Technique, Benson's Relaxation Response, Guided Imagery and Recommendations for administrators, teachers, parents, school counsellors and students themselves.

Keywords: *Anxiety, Depression, Phobia, Stress, Students.*

Exam Phobia is a psychological condition in which people experience extreme stress, anxiety, discomfort and irrational fear during or before examination. A little nervousness or tension is healthy for you that it can help you perform your best. But when this tension or stress becomes so excessive that it actually hampers your performance on an exam and then it is called Exam Phobia or Test Anxiety.

Everybody experiences fear or anxiety in life, but the threshold differs from individual to individual. When the fear or anxiety is strong and irrational this can be considered as phobia. Stimulus that causes phobia differs from individual to individual.

¹Department of Psychology, Bharathiar University, Coimbatore

Causes of Exam Phobia:

1. Unrealistic expectations of parents from their children.
2. Parental pressure that cause greater worry and fear of failure.
3. Excessive pressure and fear of teachers.
4. Inadequate study.
5. Obsessive Compulsive Disorder.
6. Poor motivation and lack of self esteem.
7. Poor nutrition and sleeping disturbance.

Examination phobia has Cognitive, Emotional and Physiological components. Cognitive components include: thinking of failure, worrying about possible outcomes, lack of confidence, Feeling of excessive mental pressure, Suicidal ideation, Negative self talk, etc. Emotional components include: Tension, Apprehension, Nervousness, Depression, Frustration, etc. Physiological components include: Nausea, Palpitation, Perspiration, Trembling and limbs become cold, etc. All these together leads to poor performance, then to poor achievement, which in turn creates anxiety. They may be preoccupied with negative thoughts, doubting their academic ability and intellectual competence (Sarason & Sarason, 1990).

The present study proposes to have the following objectives:-

1. To assess the level of anxiety.
2. To assess the level of depression.
3. To develop and administer an interventions with suitable behaviour technology to reduce anxiety and depression.
4. To evaluate the impact of intervention and reducing the anxiety and depression.

LITERATURE REVIEW

Test anxiety is a major factor contributing to a variety of negative outcomes including psychological distress, academic underachievement, academic failure, and insecurity (Hembree, 1988). Many students have the cognitive ability to do well on exams but may not do so because of high levels of test anxiety. Because of the societal emphasis placed on testing, this could potentially limit their educational and vocational opportunities (Zeidner, 1990). The test anxiety construct is considered as a situation-specific trait accounting for individual differences in the extent to which people find examinations threatening (Spielberger & Vagg, 1995).

Recent models of test anxiety are process-orientated and emphasise how a great many variables interact in the appraisal of an examination. In Zeidner and Mathews' (2005) self-regulative model short-term distress is seen primarily as the result of negative self-beliefs, maintained by met cognitive strategies (such as heightened attention). Long-term distress is seen as the result of maladaptive person–situation interaction (e.g. negative feedback from others, and avoidance

A Theoretical Approach to Management of Examination Phobia among High School Students

which in turn leads to a degradation in skills). The biopsychosocial model (Lowe et al., 2008) proposes that distal (within child/adolescent variables such as intelligence, study skills and academic self-efficacy) combine with proximal (situational or interpersonal) variables to determine the degree of anxiety that is facilitating at low levels, becoming debilitating at higher levels. This estimation is based on a curvilinear relationship between test anxiety and performance, but this relationship is not universally accepted. Some propose that facilitative and debilitating test anxieties are independent, so that a student may be high in one form and low in another (e.g. Putwain, in press).

Research suggests that examinations are stressful for students for four reasons (Denscombe, 2000; Putwain, in press): Consequences; Markers Of Self-Esteem; Judgements From Others; And Fear Appeals By Teachers.

- Consequences: examinations are stressful because of their educational and/or occupational consequences, for example achieving sufficient grades for 'good' particular job.
- Markers of self-esteem: students judge themselves on the basis of their grades, a good grade resulting in high esteem. To a greater or lesser extent there has been an internalisation of the message that esteem can be enhanced through educational achievement.
- Judgements from others: such as parents.
- Fear appeals by teachers: the repeated messages communicated to students over the importance and timing by their teachers were identified as a trigger for the development of stress in some students. Although the fear content of such messages may have been intended as a motivational strategy by teachers, it did not always have the desired effect.

PROPOSED METHODOLOGY

The proposed methodology includes the following steps:

1. Take a sample of students and divide them into Experimental and Control groups in equal number.
2. Measure and Compare the examination phobia and scholastic score of both the groups.
3. Introduce interventions to the experimental group only.
4. Again measure and compare the examination phobia and scholastic score of both the groups.
5. Introduce interventions to the control group.
6. Again measure and compare the examination phobia and scholastic score of both the groups.
7. Findings are tabulated, analyzed and conclusions are drawn.

A Theoretical Approach to Management of Examination Phobia among High School Students

Tools Used:

The State Anxiety Inventory

Academic score

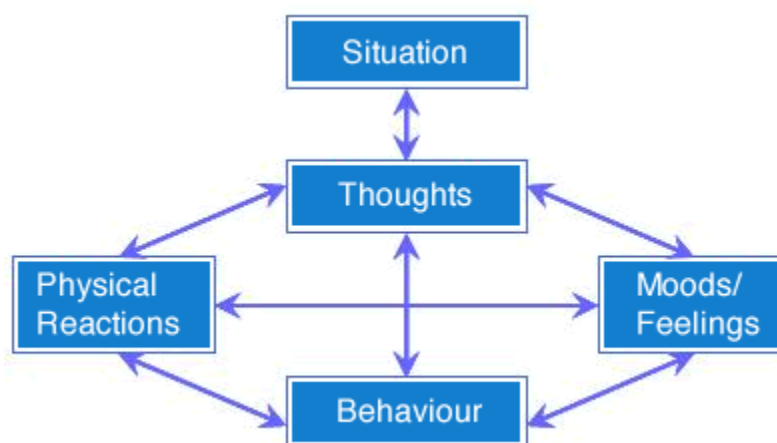
Personal datasheet

Interventions used:

- A. Cognitive Behavioral Therapy (CBT).
- B. Progressive Muscular Relaxation Technique.
- C. Benson's Relaxation Response.
- D. Guided Imagery.

A. Cognitive Behavioral Therapy

Cognitive Behavioural Therapy (CBT) can be used to treat people with a wide range of mental health problems. CBT is based on the idea that how we think (cognition), how we feel (emotion) and how we act (behavior) all interacts together.



Specifically, our thoughts determine our feelings and our behavior. CBT aims to help people become aware of when they make negative interpretations, and of behavioural patterns which reinforce the distorted thinking. Cognitive Therapy helps people to develop alternative ways of thinking and behaving which reduce the psychological distress. CBT stresses the importance of facing fears on a regular basis. The more you practice, the faster your fears will fade.

B. Progressive Muscular Relaxation Technique.

Progressive Muscle Relaxation involves systematic tensing and relaxing different muscle groups. However, that the goal of relaxation is not to avoid or eliminate anxiety (because anxiety is not dangerous), but to make it a little easier to ride out these feelings.

C. Benson's Relaxation Response.

The relaxation response is a physical state of deep rest that changes the physical and emotional responses to stress and the opposite of the fight or flight response. It focuses on capacity of mind through becoming silent, to reduce heart rate, breathing and metabolic rate and blood pressure. The procedure is instructed as "Sit in a comfortable posture and then relax your body. Feel your breath and then think of a word, phrase or sound soothing you. The word or sound chosen is not important because it is your choice and liking. Every time you breathe out say your sound silently or mentally. Continue the same for 20 minutes"

D. Guided Imagery.

Guided imagery is a method of relaxation which concentrates the mind on positive images in an attempt to reduce pain, stress, etc. In guided imagery, the individual is asked to sit comfortably and guided through imagination of something pleasurable to him such as calm music, beautiful places, etc which brings relaxation. After relaxation the individual is guided through images of his/her mark sheet with desired marks in it.

This technique helps in improved memory, enhanced learning, recover from possible traumas in their life (Physical or Emotional), developing focus and concentration, coping with stress/ anxiety, Reduced test anxiety.

Recommendations to Help Students Overcome Test Anxiety:

Below are the techniques that can be implemented by school administrators, teachers, school counselors, parents and students themselves to overcome Test Anxiety.

A. School administrators and Teachers:

- Become aware of students' developmental levels and the pressure they may be placing on students prior to test.
- Teach students successful test-taking strategies that include understanding time limits of tests, the different type of test formats (e.g. Multiple choice, essay, fill in the blank).
- Help students understand test ceilings and provide information on whether or not they will be penalized for incorrect responses. If points are deducted for incorrect responses students should be informed to leave items blank.
- Use school or alarm bell sound which is not like a fire alarm.
- Avoid loud sounds and other distractions while the exam is going on including, reminding the students about the time left for writing exam. Instead of telling them loudly about time left, keep a clock in the exam hall, such that both students and invigilator can see the time duration. Loud sounds can interrupt them from writing exam and it may increase their test anxiety.
- Always teach from known to unknown, so that students will get clear idea about the subject and the topic. Conduct experiments related to the topic being taught and

A Theoretical Approach to Management of Examination Phobia among High School Students

connect with the real world applications. This will avoid the fear towards that subject among students.

B. School counsellors

- Collaborate with school officials to identify students experiencing test anxiety.
- Conduct classroom guidance topics on test anxiety, test-taking strategies, and effective study skills, and consult with teachers.
- Practice different forms of relaxation techniques with students and provide them with the cognitive tools to defeat the negative self-talk they may experience before, during, and after the test.
- Offer workshops to parents focusing on ways they may help their children reduce test anxiety.
- Meet with students experiencing test anxiety individually or in small groups to address this issue in more detail.
- Seek out students who have successfully defeated test anxiety and have them speak or partner with other students to share their experience.
- Be aware of the developmental levels of students and recognize when test anxiety is out of control, because more serious anxiety-related problems could be present

C. Parents

- Make sure the children attend school regularly.
- Parents should not scold children after results come. Don't make your child to feel guilty.
- Conducive and happy environment at home will ensure good performance in exams.
- Make sure that the children takes proper rest during regular school days and during the week of tests.
- Evaluate the children's academic progress over a period of time rather than on one single test score.
- Talk with the children and encourage them to do their best.
- Be proactive, contact school officials if they have questions concerning tests results.
- Encourage the children to maintain a healthy diet and exercise on a regular basis.
- Parents must give emotional support and should not thrust their targets on children.
- Don't expect anything from your child now; let him perform to the extent possible.
- Tell your child to be positive and say encouraging words 'you can do'.
- Do not challenge the child.
- Developing expressive feeling.
- Teach them to express their feeling.
- Never compare your child with other children, which will develop low self esteem and low confidence.

D. Students are encouraged to:

- Avoid cramming; develop good study habits and good test taking skills.
- Wear comfortable clothes during the exam and maintain a comfortable and relaxed body posture during the test.
- Be aware of time allotted for the test, read directions carefully, and for time management purposes leave questions blank that they are not sure of and answer them later.
- Do not compare yourself with other students while taking the test.
- Take deep breaths when anxiety levels are high or when negative thoughts are present.
- Get motivated by reading about successful youngsters like the recent CA national topper whose father is an auto driver.
- Always bear in mind that we are studying only to live and not living only to study.
- Accept results with happiness because no one wants to fail. God gives what we deserve.
- Overwhelming anxiety can affect memory and students may forget answers even if they knew.
- Do not discuss about marks at this stage since it will put pressure on students.
- Stay focused: concentrate on your test not others during the examination time. Avoid talking with other students about the subject before an examination.
- Use mnemonics: mnemonics are the techniques of memorization. You can make chart, rhymes or phrase to memorize your lessons.
- Avoid discussion of answers and questions attempted with friends after the examination as it will increase anxiety.
- 'Failures in exams or subjects' is not an indicator of our future life. Never give up.
- During the exam, if you feel that you are going to score less or fail then, sit for 3 hours (Exam duration) and write something relevant to the question or write something relevant to the topic of question or write something related to the lesson or write something related to the subject. Answer all the questions such that 'just give a chance to the evaluator to give you some marks and pass you'.
- Cognitive Distancing: Try to see your anxious thoughts as guesses not facts. Your mind is trying to protect you by predicting what could happen. Just because it could happen doesn't mean it will. You need to look at objective evidence instead. How likely is it that the negative outcome will actually happen? Is there anything good that might happen instead? What do you think is most likely to happen, based on past experience and other information you have about the situation?
- Practice observing your thoughts, rather than reacting automatically to them. Think of your thoughts as clouds floating by. Look at which draw you in and which make you want to run away. Is there a way you can untangle yourself and just observe your thoughts, rather than reacting?

A Theoretical Approach to Management of Examination Phobia among High School Students

- Broadening The View - Are you focusing too narrowly on the threatening aspects of the situation, rather than seeing the whole picture? Anxiety makes our minds contract and focus on the immediate threat without considering the broader context.
- When your mind is stuck in a loop, you can interrupt it by getting up and moving around or doing a different task or activity.

CONCLUSION

Test anxiety is something that impacts students from all ethnic backgrounds and grade levels. Helping students learn to effectively manage such anxiety is a challenging task that requires a genuine team effort. Students reporting even a small number of depressive symptoms may be at increased risk for academic problems. In order for colleges and universities to decrease the growing number of students battling test anxiety, they must fully understand illness, the causes, and the effects it has on the university and student population.

REFERENCES

- 336–353. Gregor, A. (2005). Examination anxiety. *School Psychology Int.*, 26, 617–635.
- Flaxman, P., Bond, Calvo, M.G. (2007). Anxiety and cognitive performance: Attentional control theory. *Emotion*, 7(2),
- Chichester: Wiley.
- Hembree, R. (1988). Correlates, causes, effects and treatment of test anxiety. *Review of Educational Research*, 58, 47–77.
- Denscombe, M. (2000). Social conditions for stress. *British Educational Research Journal*, 26(3), 259–374.
- Elliot, A.J. & McGregor, H.A. (1999). Test anxiety and the hierarchical model of approach and avoidance achievement motivation. *Journal of Personality and Social Psychology*, 76(4), 628–644.
- Exam Phobia-Stress Management Among The Students by Parvez, Mohammad; Shakir, Mohd, *Educational Quest*; Aug 2011, Vol. 2 Issue 2, p237
- F.W. & Keogh, E. (2002). Preventing and treating evaluation strain. In F.W. Bond & W. Dryden (Eds.) *Handbook of brief cognitive behavioural therapy*.
- Hembree, R. (1988). Correlates, causes, effects, and treatment of test anxiety. *Review of Educational Research*, 58, 7-77.
- Lowe, P.A., Lee, S.W., Witteborg, K.M. et al. (2008). The Test Anxiety Inventory for Children and Adolescents (TAICA). *Journal of Psychoeducational Assessment*, 26(3), 215-230.
- McGregor, H.A. (2001). A 2 x 2 achievement goal framework. *Journal of Personality and Social Psychology*, 80(3), 501–519.
- Ergene, T. (2003). Effective interventions on test anxiety reduction: A meta analysis. *School Psychology International*, 24(3), 313–328.
- Eysenck, M.W., Derakshan, N., Santis, R.
- Sarason, I. G. (1988). Anxiety, self-preoccupation, and attention. *Anxiety Research*, 1, 3-7.

A Theoretical Approach to Management of Examination Phobia among High School Students

- Sarason, I. G., & Sarason, B. R. (1990). Test anxiety. In H. Leitenberg (Eds), *Handbook of social and evaluative anxiety* (pp 475-496). New York: Plenum Press.
- Syncamore, J. E., & Corey, A. L. (1990). Reducing test anxiety. *Elementary School Guidance & Counseling*, 24, 231-233.
- U. S. Department of Education (1993). *Help Your Child Improve in Test-Taking*. Washington, DC: U. S. Government Printing Office.
- Wilkinson, C. M. (1990). Techniques for overcoming test anxiety. *Elementary School Guidance & Counseling*, 24, 234-237.
- Zeidner, M. (1990). Does test anxiety bias scholastic aptitude test performance by gender and sociocultural group? *Journal of Personality Assessment*, 55, 145-160.
- Zeidner, M. (1998). *Test anxiety: The state of the art*. New York: Plenum Press.

Connectivism: A Review

Mina Khatibi¹, Mahboobeh Fouladchang²

ABSTRACT

George Siemens and Stephen Downes developed a theory for the digital age, called connectivism, denouncing boundaries of behaviorism, cognitivism, and constructivism. Connectivism is the thesis that knowledge is distributed across a network of connections, and therefore that learning consists of the ability to construct and traverse those networks. An account of connectivism is therefore necessarily preceded by an account of networks. Current developments with technology and social software are significantly altering: (a) how learners access information and knowledge, and (b) how learners dialogue with the instructor and each other. Both of these domains (access and interaction) have previously been largely under the control of the teacher or instructor.

Since half of what is known today was not known 10 years ago, there should be more researches about the use, benefits and drawbacks of connectivism in the context of formal and informal learning. Although there is not a large amount of research currently available on the application of connectivism in education, some possible applications, such as: social networking, personal learning environments and open courseware are explained.

Keywords: *Connectivism*

¹PhD Student, Department of Educational Psychology, Shiraz University, Dubai, UAE

²Professor of Educational Psychology, Shiraz University, Shiraz, Iran

For many years educators and researchers have examined the topic of how people learn. Several widely accepted learning theories have developed over the last hundred years. But do students learn the same way today as they did 100 years ago? Has technology changed the way our brain process and connects information? Do the students of today learn new information more efficiently than their teachers? George Siemens thinks so. Siemens has developed an emerging learning theory he called “connectivism” which addresses how learners in the digital-age process and retain new information (Elliot and Martin, 2011).

George Siemens coined the term ‘connectivism’ to describe learning networks (Siemens, 2005). Connectivism is the thesis that knowledge is distributed across a network of connections, and therefore that learning consists of the ability to construct and traverse those networks. An account of connectivism is therefore necessarily preceded by an account of networks (Downes, 2012).

Behaviorism, cognitivism, and constructivism are the three broad learning theories most often utilized in the creation of instructional environments. These theories, however, were developed in a time when learning was not impacted through technology. Over the last twenty years, technology has reorganized how we live, how we communicate, and how we learn. Learning needs and theories that describe learning principles and processes should be reflective of underlying social environments (Siemens, 2005).

Knowledge is literally the set of connections between entities. In humans, this knowledge consists of connections between neurons. In societies, this knowledge consists of connections between humans and their artifacts. Learning is the creation and removal of connections between the entities, or the adjustment of the strengths of those connections. A learning theory is, literally, a theory describing how these connections are created or adjusted (Downes, 2012).

Connectivism is driven by the understanding that decisions are based on rapidly altering foundations. New information is continually being acquired. The ability to draw distinctions between important and unimportant information is vital. The ability to recognize when new information alters the landscape based on decisions made yesterday is also critical (Siemens, 2005).

Concern runs high about the ability of today’s education system to meet the growing challenges of global competition (Siemens, 2008). A recent report by National Center on Education and the Economy (2007) states “that our education and training systems were built for another era”. Jenkins, Healey, and Zetter (2007) suggest a reformulation of universities is required to address issues of “super complexity”. Dede, Korte, Nelson, Valdez, and Ward (2005) place a similar emphasis on education as one of “two keystones of advancing prosperity and quality of life” — the other being investment in information technologies (Siemens, 2008).

The call for academic reform, driven by growing fears of lack of competitiveness and innovation in a global economy, has reached an almost fevered pitch. Schrag (2007) suggests a key problem is American society's illogical perception of expecting "schools to solve every cultural and economic problem".

Vaill (1996) emphasizes that "learning must be a way of being – an ongoing set of attitudes and actions by individuals and groups that they employ to try to keep abreast the surprising, novel, messy, obtrusive, and recurring event.

Today, these foundational principles have been altered. Knowledge is growing exponentially. In many fields the life of knowledge is now measured in months and years. Gonzalez (2004) describes the challenges of rapidly diminishing knowledge life:

"One of the most persuasive factors is the shrinking half-life of knowledge. The "half-life of knowledge" is the time span from when knowledge is gained to when it becomes obsolete. Half of what is known today was not known 10 years ago. The amount of knowledge in the world has doubled in the past 10 years and is doubling every 18 months according to the American Society of Training and Documentation (ASTD). To combat the shrinking half-life of knowledge, organizations have been forced to develop new methods of deploying instruction."

Some significant trends in learning:

Many learners will move into a variety of different, possibly unrelated fields over the course of their lifetime.

Informal learning is a significant aspect of our learning experience. Formal education no longer comprises the majority of our learning. Learning now occurs in a variety of ways – through communities of practice, personal networks, and through completion of work-related tasks.

Learning is a continual process, lasting for a lifetime. Learning and work related activities are no longer separate. In many situations, they are the same.

Technology is altering (rewiring) our brains. The tools we use define and shape our thinking.

The organization and the individual are both learning organisms. Increased attention to knowledge management highlights the need for a theory that attempts to explain the link between individual and organizational learning (Downes, 2012).

It is a clear fact that nowadays knowledge is growing faster than ever before and the official and private organizations using knowledge, especially educators and employers, spend a significant amount of time on continuing education programs for students or employees as taking classes is not enough because the traditional ways are not able to keep the pace with a changing knowledge and work environment. Lately, with the spreading of information and communication technology, the dream of network learning has become a reality, at least technically, and now a

vast amount of spontaneous knowledge exchange is taking place through information and communication technology (Shahin, 2012).

But what becomes of the teacher? How do the practices of the educator change in networked environments, where information is readily accessible? How do we design learning when learners may adopt multiple paths and approaches to content and curriculum? How can we achieve centralized learning aims in decentralized environments(Siemens, 2008)?

BACKGROUND

Driscoll (2000) defines learning as “a persisting change in human performance or performance potential which must come about as a result of the learner’s experience and interaction with the world”. This definition encompasses many of the attributes commonly associated with behaviorism, cognitivism, and constructivism – namely, learning as a lasting changed state (emotional, mental, physiological (i.e. skills)) brought about as a result of experiences and interactions with content or other people.

Gredler (2001) expresses behaviorism as being comprised of several theories that make three assumptions about learning:

1. Observable behavior is more important than understanding internal activities.
2. Behavior should be focused on simple elements: specific stimuli and responses.
3. Learning is about behavior change.

Limitations of Behaviorism, Cognitivism, and Constructivism

A central tenet of most learning theories is that learning occurs inside a person. Even social constructivist views, which hold that learning is a socially enacted process, promotes the principality of the individual (and her/his physical presence – i.e. brain-based) in learning. These theories do not address learning that occurs outside of people (i.e. learning that is stored and manipulated by technology). They also fail to describe how learning happens within organizations (Siemens, 2005).

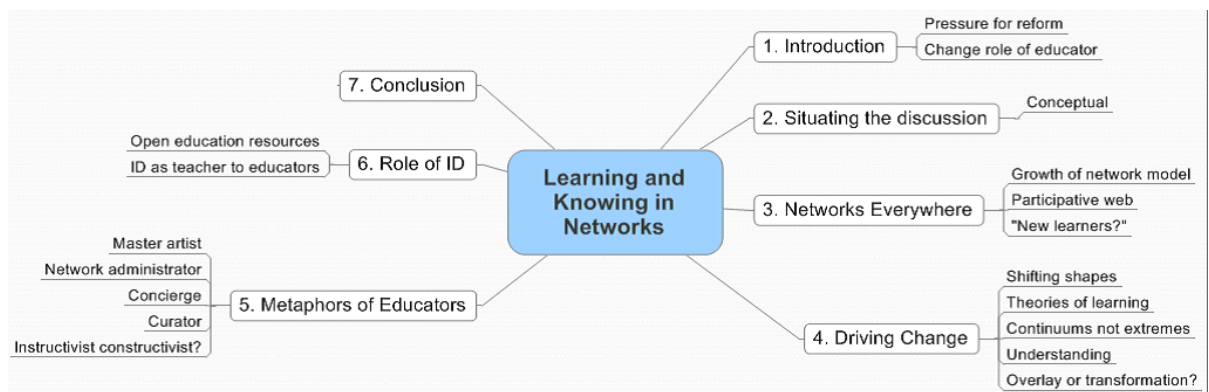
Learning theories are concerned with the actual process of learning, not with the value of what is being learned. In a networked world, the very manner of information that we acquire is worth exploring. The need to evaluate the worthiness of learning something is a meta-skill that is applied before learning itself begins (Siemens, 2005).

Some questions to explore in relation to learning theories and the impact of technology and new sciences (chaos and networks) on learning:

- How are learning theories impacted when knowledge is no longer acquired in the linear manner?

Connectivism: A Review

- What adjustments need to be made with learning theories when technology performs many of the cognitive operations previously performed by learners (information storage and retrieval)?
- How can we continue to stay current in a rapidly evolving information ecology?
- How do learning theories address moments where performance is needed in the absence of complete understanding?
- What is the impact of networks and complexity theories on learning?
- What is the impact of chaos as a complex pattern recognition process on learning?
- With increased recognition of interconnections in differing fields of knowledge, how are systems and ecology theories perceived in light of learning tasks (Siemens, 2005)?



DISCUSSION

This review is intended to foster discussion on the role of an educator in a world increasingly defined by networked structure. While the body of research builds in how networks function and how information flows in networks, the attention given to the specific roles of educator and instructional designer has not received much attention. As such, thoughts expressed here are best seen at the conceptual level of this simple taxonomy(Siemens, 2008):

1. Conceptualization—exploration of theories, ideas, concepts, brainstorming, and questioning the boundaries of what currently exists.
 2. Experimentation—narrowing the focus of the outcomes of the conceptual stage, the formation of a research focus, and the active experimentation and evaluation of different ideas and approaches.
 3. Implementation—broad scale adoption based on previous two levels, emphasizing the understanding gained through experimentation.
- Our focus here is on the conceptual level, with the intent of exploring how many of the most significant changes within society today might influence or change the role of educators and, as a consequence, the role of instructional designers.

Theories of Learning

These are shown in Table 1.

Table 1. Learning Theories

Property	Behaviourism	Cognitivism	Constructivism	Connectivism
How learning occurs	Black box—observable behaviour main focus	Structured, computational	Social, meaning created by each learner (personal)	Distributed within a network, social, technologically enhanced, recognizing and interpreting patterns
Influencing factors	Nature of reward, punishment, stimuli	Existing schema, previous experiences	Engagement, participation, social, cultural	Diversity of network, strength of ties
Role of memory	Memory is the hardwiring of repeated experiences—where reward and punishment are most influential	Encoding, storage, retrieval	Prior knowledge remixed to current context	Adaptive patterns, representative of current state, existing in networks
How transfer occurs	Stimulus, response	Duplicating knowledge constructs of “knower”	Socialization	Connecting to (adding) nodes
Types of learning best explained	Task-based learning	Reasoning, clear objectives, problem solving	Social, vague (“ill defined”)	Complex learning, rapid changing core, diverse knowledge sources

As theories of learning share many attributes and new ones build progressively on previous ones, any consideration of learning requires a review of existing theories. Driscoll (2000) categorizes learning into three broad epistemological frameworks:

Connectivism: A Review

- Objectivism states that reality is external and objective, and that knowledge is gained through experiences.
- Pragmatism states that reality is provisional, and knowledge is negotiated through experience and thinking.
- Interpretivism states that reality is internal, and knowledge is constructed.

These epistemologies in turn form the foundation of the most common theories of learning:

1. Behaviorism, which asserts that learning is a “black box” activity, in that we do not know what occurs inside the learner, focuses its efforts on managing external, observable behaviors, and finds much of its existence in objectivism.
2. Cognitivism, which spans a continuum from learning as information processing (a computer model) at one end, to learning as reasoning and thinking on the other, finds much of its identity in pragmatism (Siemens, 2008).
3. Constructivism, which covers a broad spectrum of research overlapping with cognitivism, contends that learning involves each individual learner making sense and constructing knowledge within his or her own context; it finds its foundation in interpretive.

To the three-fold view of epistemology, Downes (2006) adds a fourth: the view of knowledge as composed of connections and networked entities. The concept of emergent, connected, and adaptive knowledge provides the epistemological framework for connectivism (Siemens, 2005) as a learning theory. Connectivism posits that knowledge is distributed across networks and the act of learning is largely one of forming a diverse network of connections and recognizing attendant patterns (Siemens, 2006). As Cronon (1998) states, “More than anything else, being an educated person means being able to see connections so as to be able to make sense of the world and act within it in creative ways.”

Mergel’s (1998) emphasis on Ertmer’s and Newby’s “five definitive questions ... to distinguish learning theory” (Distinguishing One Learning section) provides a framework to organize the above cited theories:

1. How does learning occur?
2. What factors influence learning?
3. What is the role of memory?
4. How does transfer occur?
5. What types of learning are best explained by this theory?

Table 1 indicates how different theories of learning relate based on Ertmer’s and Newby’s questions (Siemens, 2008).

HISTORY

Connectivism was introduced in 2005 by two publications, Siemens' *Connectivism: Learning as Network Creation* (2005) and Downes' *An Introduction to Connective Knowledge* (Downes, 2012). Both works received significant attention and an extended discourse has followed on the appropriateness of connectivism as a learning theory for the digital age. In 2007 Kerr entered into the debate with a series of lectures and talks on the matter, as did Forster, both at the Online Connectivism Conference at the University of Manitoba (2007). In 2008, in the context of digital and e-learning, connectivism was reconsidered and its technological implications were discussed by Siemens' and Ally (2008).

PRINCIPLES

- Principles of connectivism(Siemens, 2005):
- Learning and knowledge rests in diversity of opinions.
- Learning is a process of connecting specialized nodes or information sources.
- Learning may reside in non-human appliances.
- Nurturing and maintaining connections is needed to facilitate continual learning.
- Ability to see connections between fields, ideas, and concepts is a core skill.
- Currency (accurate, up-to-date knowledge) is the intent of all connectivist learning activities.
- Decision-making is itself a learning process. Choosing what to learn and the meaning of incoming information is seen through the lens of a shifting reality. While there is a right answer now, it may be wrong tomorrow due to alterations in the information climate affecting the decision (Siemens, 2005).

DISTINCTIVENESS

- Existing theories of learning fail to account for the expansion and creation of knowledge.
- Connectivism and networked learning, on the other hand, suggest a continual expansion of knowledge.
- The primacy of the connection – all other forms of learning flow from an initial connection to something – a person, a concept, and idea.
- Growth in abundance and complexity of knowledge.
- Technology. Looking to our history reveals the prominence of technology in opening new doors – from writing to air travel. Technology is an enabler of new opportunities.
- Connectivism brings together concepts from different domains in a novel way. It is rare to have a singularly unique idea. Even existing theories – behaviorism, constructivism, and cognitivism, do not stand as fully complete and original ideas (Wikiversity, 2012).

CRITICISM

The notion of a “new” theory for learning based on network structures, complex changing environments, and distributed cognition has drawn criticism Verhagen (2006), in his critique of

connectivism , specifically argues for the ineffectiveness of a theory based on “unsubstantiated philosophising” . Kerr (2007) postulates that connectivism is an unnecessary theory, for in his opinion, existing theories satisfactorily address the needs of learning in today’s technologically, connected age. An argument appealing to popularity, however, is not a real basis for declaring something a “new learning theory”.

IMPLICATIONS

The notion of connectivism has implications in all aspects of life. This review largely focuses on its impact on learning, but the following aspects are also impacted: Management and leadership. The management and marshalling of resources to achieve desired outcomes is a significant challenge. Realizing that complete knowledge cannot exist in the mind of one person requires a different approach to creating an overview of the situation.

Speed of “idea to implementation” is also improved in a systems view of learning. Media, news, information. This trend is well under way. Mainstream media organizations are being challenged by the open, real-time, two-way information flow of blogging(Siemens, 2005).

CONCLUSION

Connectivism presents a model of learning that acknowledges the tectonic shifts in society where learning is no longer an internal, individualistic activity. How people work and function is altered when new tools are utilized. The field of education has been slow to recognize both the impact of new learning tools and the environmental changes in what it means to learn. Connectivism provides insight into learning skills and tasks needed for learners to flourish in a digital era(Siemens, 2005).

REFERENCES

- Cronon W, (1998). Qualities of a liberally educated person.Retrieved January 10, 2008, from <http://www.aacu.org/issues/liberaleducation/cronon.cfm>.
- Dede C, Korte S, Nelson R, Valdez G, Ward D J, (2005). Transforming learning for the 21st century: An economic imperative. Retrieved January 10, 2008, from <http://www.learningpt.org/tech/transforming.pdf>.
- Downes S, (2006). Learning networks and connective knowledge.Retrieved on January 10, 2008, from <http://it.coe.uga.edu/itforum/paper92/paper92.htm>.
- Downes S, (2012). Connectivism and Connective Knowledge Essays on meaning and learning networks, ISBN: 978-1-105-77846-9.

Connectivism: A Review

- Downes S, (2005). The Living Arts: The Future of Learning Online. Moncton: Stephen Downes. Retrieved May 30, 2005 from <http://www.downes.ca/files/guelph.ppt>.
- Driscoll M, (2000). Psychology of Learning for Instruction. Needham Heights, MA, Allyn & Bacon.
- Duke B, Harper G, Johnston M, (2013). Connectivism as a digital age learning theory. The International HETL Review, special issue, pp 1-13.
- Elliot R and Martin S, (2011). Connectivism's role as a learning theory and its application in the classroom. Boise State University, EDTECH, 504.
- Ertmer PA, Newby TJ, (1993). Behaviorism, cognitivism, constructivism: Comparing critical features from an instructional design perspective. Performance Improvement Quarterly, 6 (4): 50-70.
- Gonzalez C, (2004). The Role of Blended Learning in the World of Technology. Retrieved December 10, 2004 from <http://www.unt.edu/benchmarks/archives/2004/september04/eis.htm>.
- Gredler ME, (2005). Learning and Instruction: Theory into Practice – 5th Edition, Upper Saddle River, NJ, Pearson Education.
- Jenkins A, Healey M, Zetter R, (2007). Linking teaching and research in disciplines and departments. Retrieved January 10, 2008, from Higher Education Academy Web site: http://www.heacademy.ac.uk/assets/York/documents/LinkingTeachingAndResearch_April07.pdf.
- Kerr B, (2007, February). A challenge to connectivism. Paper presented at Online Connectivism Conference. Retrieved January 10, 2008, <https://sas.illuminate.com/site/external/jwsdetect/playback.jnlp?psid=2007-02-07.1107.M.1CB9A5466ACA919ADFB409D4128ABC.vcr>.
- Mergel B, (1998). Instructional design and learning theories. Retrieved January 10, 2008, from University of Saskatchewan, College of Education Web site: <http://www.usask.ca/education/coursework/802papers/mergel/brenda.htm>.
- Schrag P, (2007, September). Schoolhouse crock: Fifty years of blaming America's educational system for our stupidity. Harpers Magazine, 36–44.
- Shahin M, (2012). Pros and cons of connectivism as a learning theory. IJPSS, vol. 2; 4: 437-454.
- Siemens G, (2005). Connectivism: A learning theory for a digital age. International Journal of Instructional Technology and Distance Learning, 2(1). Retrieved January 10, 2008, from http://www.itdl.org/Journal/Jan_05/article01.htm.

Connectivism: A Review

Siemens G, (2006). Knowing knowledge.Retrieved from www.knowingknowledge.com.

Siemens G, (2008). Learning and Knowing in Networks: Changing roles for Educators and Designers Presented to ITFORUM for Discussion, January 27, pp 1-26.

Siemens G, (2009). Elearnspace.Retrieved from <http://www.elearnspace.org/blog/8>.

University of Manitoba, (2007).Online connectivism conference.Retrieved January 10, 2008, from http://www.umanitoba.ca/learning_technologies/connectivisim/.

Vaill PB, (1996). Learning as a Way of Being. San Francisco, CA, Jossey-Blass Inc.

Verhagen P, (2006). Connectivism: A new learning theory? Retrieved January 10, 2008, from,<http://elearning.surf.nl/e-learning/english/3793>.

Effect of Social Stories on Social Skills of children with Autism Spectrum Disorder

Anu Aggarwal¹, Babita Prusty²

ABSTRACT

The research titled “Effect of Social Stories on social skills of children with Autism Spectrum Disorder” was aimed to study that how Social Stories as an intervention affect the social skills of children with Autism Spectrum Disorder. In the study a sample of 4 children with Autism Spectrum Disorder ranging from 4-8 years of age was taken using purposive sampling. The tool used to assess the social skills was Childhood Autism Rating Scale, Second Edition – Standard Version (CARS2-ST). The data was collected using Pre-Post Research Design and then analyzed using t-test as the statistical tool. There was significant difference between the scores of pre intervention and post intervention by Social Stories. The results hence generated proved that social skills including relating to people, adaptation to change, visual response, listening response and verbal communication can be enhanced and supported by the Social Stories.

Keywords: *Autism Spectrum Disorder; Social Stories*

Social skills are the fundamental aspect of our day to day life. Social interaction with other people describes our personality and exchange of thoughts with others. Social skills can include how the child relate with others, maintains eye contact with others, his listening response, how he will react to new social situation, ability to understand what the other people says, how he expresses his thoughts or feelings and many more. Social skills are the connection to the world. Children with Autism Spectrum Disorder are excluded with social skills which makes them separate from others. They do not able to understand the social situation and not able to connect with the surrounding. Social stories have been found as a great effort of intervention by psychologists, special educators and therapists to improve social skills of special children. Social story is the ladder for the children with Autism Spectrum Disorder. It aims to support them by giving an idea of a social situation and other people’s perspectives. Social stories were developed to make an understanding of social situation and to increase the ability of social interaction.

¹MA, Clinical psychology, Amity University, Noida

²Assistant Professor, Amity University, Noida

Operational definition of Variables

Michelson, Sugai, Wood and Kazdin (1983) operationalize the definition of **Social Skills** within the constructs of Social Learning Theory as follows:

Social skills (a) are primarily acquired through learning (e.g., observation, modeling, rehearsal and feedback); (b) comprise specific and discrete verbal and non verbal behaviors; (c) entail both effective and appropriate initiations and responses; (d) Maximize social reinforcement (e.g., positive responses from one's social environment); (e) are interactive by nature and entail both effective and appropriate responses (e.g., reciprocity and timing of specific behaviors); and (f) performance is influenced by the characteristics of [participants and environments in which it occurs. (e.g., situational specificity.)

According to DSM V, **Autism** is a complex and serious neurological disorder which leads to deficits in social communication and social interaction. It also includes restricted, repetitive patterns of behavior, interest or activities. The symptoms must be present in early developmental period and can cause significant impairment in social, occupational or other important areas of functioning.

Definition of **Autism** by Ritvo and Freeman (1978), Autism Society of America (2004), which is closely aligned with the criteria, used in the DSM-IV-TR (APA, 2000) and Kanner's (1943) original observations of autism:

“A **Social Story** describes a situation, skill, or concept in terms of relevant social cues, perspectives and common responses in a specifically defined style and format” (Gray. 2004).

- **Social stories**

Social stories can be used on preschool age to adult with moderate cognitive ability to average intelligence. Social Stories are an easy to implement. Widely used strategy which impact challenging behavior in autistic individuals. A social story is an individualized cognitive intervention that describes the salient social cues and appropriate responses associated with the particular situation.

Social stories were first introduced as an intervention by Carol Gray in 1991. Research conducted by the NAC (2009a,2009c) indicates that there is enough empirical support to consider them as an established treatment for children with autism and AS age to 6-14 years. “A Social Story describes a situation, skill, or concept in terms of relevant social cues, perspectives and common responses in a specifically defined style and format” (Gray. 2004). One of the most common misconception regarding Social Stories focus on the underlying causes of the child's frustrations and attempt to increase his or her understanding of events and expectations.

Effect of Social Stories on Social Skills of children with Autism Spectrum Disorder

Social stories are written by professionals or parents to describe social situations that are difficult to understand and may be confusing for children with autism. Each story is developed according to considerations of child's abilities and learning style of children which describes relevant social cues and desired responses to target situation. A variety of materials and instructional methods can be used to make social stories understandable.

Social stories are applicable to home, school, and community settings- any situation that may occur in these environment is a potential social story topic (Gray et al., 1993). Social stories are useful for identifying relevant social cues, introducing new routines and rules, and positively defining desired social skills. At home, parents may decide to write a social story to prepare their child for an upcoming event, such as visit to a relative or a family vacation, or to introduce a new daily routine which makes easy for child to ready for change or adaptation to change. In addition, social stories in the school setting can prepare a child for unexpected situations such as change of class rooms, addition of new children to class, substitute teachers, fire drills, or school closings. In a community setting, social stories identify naturally occurring cues and events to provide structure to a situation that is otherwise overwhelming to a child. In any setting, social stories introduce the possibility of unexpected occurrences in such a way that variation is a part of any routine or situation. Whatever the situation they describe or the social skills they address, social stories are written to assist a child in more accurately understanding and responding to a target social situation. Social stories prepare the children to adapt the change calmly in any environment whether in home, school or community settings.

Gray (1994) identified several uses for social stories: (1) describing a situation, including social cues and responses; (2) personalizing social skills instruction; (3) teaching routines or student adjustment to routine changes; (4) teaching academic material in a realistic social setting; and (5) addressing challenging behaviors such as aggression, obsessive behavior and fear.

Visual supports are an important component of any teaching program developed for children and adults with autism. Both children and adults appear to benefit from the use of supports. Visual supports are introduced into their daily lives in order to augment language and let them know what is happening around them. People with autism have difficulty processing verbal information or using speech to communicate. While they have difficulty with auditory processing, their visual abilities appear to be one of their relative strengths and they understand respond more effectively to visual stimuli than to auditory stimuli.

Social skills deficits which are present in Children with Autism Spectrum Disorder are as follows:

Fundamental skills are required for effective communication. Eye contact, suitable volume, as well as appropriate facial expressions is key to positive social relations. These behaviors do not come naturally or easily for many children with Autism Spectrum Disorders. Limited use of

Effect of Social Stories on Social Skills of children with Autism Spectrum Disorder

these skills as well as misunderstanding their importance leads to misperception and misinformation. Without these basic skills individuals can miss important cues.

Social initiation skills involve approaching another person to start a communication or social interaction. They are difficult for children with autism, who tend to be shy and fail to recognize when these skills are useful. Typical social initiation skills include greeting, starting a conversation, entering a conversation, giving a compliment, inviting someone to play or asking for help.

Social response skills are used in response to a verbal or non verbal communication or interaction initiated by someone else, or in response to an event in the environment. Social response skills include acknowledging others, following directions, staying on task, waiting or offering help or encouragement. The child must be able to “read” the person’s body language and correctly interpret what is said to be able to respond appropriately.

Getting along with other includes the skills necessary to foster positive relationships. They require a certain amount of reciprocity, or being able to adjust personal behavior to relate to what another person is saying or doing. Children with ASD do not understand the social rules of reciprocity.

Major characteristics and problem areas of ASD which impact their social life:

CHARACTERSTICS	POSSIBLE PROBLEM AREAS
Social interaction deficits	<ul style="list-style-type: none">• Lack of joint attention• May not respond to name and may be appear deaf.• Oblivious to others and appears to be in own world.• Little or no eye contact.• No reciprocal friendships.• May treat people as objects.• Resistance to being cuddled or touched.
Cognitive and perceptual challenges	<ul style="list-style-type: none">• Literal, restricted and inflexible patterns of thinking.• Tendency to over select irrelevant stimuli in environment and not focus on relevant stimuli.• Obsessive need for sameness, resistance to change.• Exhibits problem with social cognitions• Lack of motivation and curiosity about the environment.• Lack imagination and appropriate play.

Effect of Social Stories on Social Skills of children with Autism Spectrum Disorder

Various research studies have been done on management or intervention of Social stories for Children with Autism Spectrum Disorders. Most of the studies focused on improving and maintaining the social skills of children by providing intervention of Social Stories. The literature review presents the published researches of past 18 years.

A study was done by N.J. Bell in 2005 to evaluate the effectiveness of social stories as an intervention. The aim of the study was to analyze the effect of social stories on autistic children without giving any other intervention to them. Three children diagnosed with autism were the participants of the research. It has been found that the one child improved his on task behavior by pictorial version of the social story and may have facilitated maintenance for the second participant. The above result indicates that the social stories are helpful and acting as push up button for going towards the appropriate behaviors in social situations. Social stories are the strongest precursor for the self- management. The result of the study states that the social proved to be effective to increase on task behaviors of three children with autism.

Reichow and Sabornie in 2009 did study which focused to analyze the effect of social stories on verbal greetings initiation of autistic children. Social stories are used to decrease the social deficits of autistic children. Verbal greetings initiation is a part of social skills. A young 11 year old boy diagnosed with High Functioning Autism was participant. A comparative study was done with social stories intervention and withdrawal of social stories intervention. Improvement in verbal greetings initiation was observed in both intervention conditions as compared to baseline conditions. The result of the study indicated that the social stories can also be effective in increasing verbal greeting initiations in autistic children. Intervention was continued with visual supports after the study to maintain the desired behavior.

A classic recent research was done by Thiemann and Goldstein in February 2013. Visual cues plays vital role in improving social communication skills in autism. In this study, written text and pictorial cuing (social stories) with supplemental video feedback was investigated to know the effects on social communication of autistic children. The participants were 5 children with social impairment and 10 of their peers without disabilities (2 from each focus child's classroom) from one elementary school. The experiments were done in a triad, consisting of 1 child with social impairments and 2 peers without disabilities. The mean age of focus children range from 6 years to 12 years. Treatment was implemented twice per week and consisted of 10 min of systematic instruction using visual stimuli, 10 min of social interaction, and 10 min of self-evaluation using video feedback. Results showed increases in targeted social communication skills when the treatment was implemented. Some generalized treatment effects were observed across untrained social behaviors, and 1 participant generalized improvements within the classroom. The strength which combined social stories, pictorial and written text cues with supplemental video feedback gives a positive or effective change in social communication skills of 5 young students with autism or social impairment.

METHOD

Objective

To assess and examine the change in social skills (Relating to people, Adaptation to change, Visual response, Listening response and Verbal Communication) by giving the intervention of Social Stories in children diagnosed with Autism Spectrum disorder.

Hypothesis

Based on objective, following hypothesis has been formulated:

- Social stories will support and enhance the social skills in Children with Autism Spectrum Disorder.

Sample

With means of purposive sampling, 4 children, from age group 4-8 yrs were carefully selected before inclusion. The common deficits of the participants were initiating conversation, maintaining eye contact, and certain odd behaviors in social situation as observed before initiating the study. Meaningful speech is absent in all participants. Echolalia was the major symptom which was clearly observed.

- Sample Size: 4
- Sampling Method : Purposive Sampling
- Sampling Source: Samvedna (Centre for Rehabilitation)

Inclusion criteria

- Age ranging from 4-8 yrs
- Children diagnosed with Autism Spectrum Disorder
- Both boys and girls.

Exclusion criteria

- Those who are receiving any other intervention pertaining to Visual Supports.
- Suffering from any other major physical problems
- Suffering from any other Psychiatric disorders like Mental Retardation etc.

Description of the tools employed

Childhood Autism Rating Scale, Second Edition (CARS2)

CARS2-ST has been used for assessing the children with Autism Spectrum Disorders in our research. The 15 items in the scale are: Relating to people; Imitative behavior; Emotional response; Body use; Object use; Adaptation to change; Visual response; Listening response;

Effect of Social Stories on Social Skills of children with Autism Spectrum Disorder

Perceptive response; Fear or anxiety; Verbal communication; Non-verbal communication; Activity level; Level and consistency of intellectual relations; General impressions.

The scoring of CARS2-ST is done on 4 point rating scale which are categorized in 7 ratings from normal to severely abnormal limits of range. The below 7 allowable ratings for each item are as follows:

1. Within normal limits for that age
- 1.5 Very mildly abnormal for that age
- 2 Mildly abnormal for that age
- 2.5 Mildly –to- moderately abnormal for that age
- 3 Moderately abnormal for that age
- 3.5 Moderately-to- severely abnormal for that age
- 4 Severely abnormal for that age

Research Design

According to the objective and formulated hypothesis Pre- Post Research Design will be used to analyze the Effect of Social Stories on Social skills of children with Autism Spectrum Disorder.

Statistical Analysis

The student's t – test was used to find the significance and comparing the Pre- Post intervention effect on selected participants.

Procedure

- With means of purposive sampling, the sample was selected who are diagnosed with Autism Spectrum Disorder, ranging from 4-8 years of age. The sample was selected with the help of Occupational Therapist. It comprised of 3 boys and 1 girl. They were carefully observed and selected before inclusion.
- The CARS was administered and intervention was provided with the informed consent of Occupational Therapists and parents of the children.
- The total number of sessions including the rapport building and intervention procedure are 37. Each session was taken for 45 minutes. The rapport was built by playing with the children in different activities like puzzle, flip-flop cards, beads etc.
- After building rapport and debriefing to parents, Childhood Autism Rating Scale was administered to know the current status and mental examination of children. Scoring of

Effect of Social Stories on Social Skills of children with Autism Spectrum Disorder

pre- intervention phase of CARS was done. According to the pre – intervention scores and brief interview with the parents, Social Stories were developed.

- Social stories were made according to the social deficits common in all 4 children. Two social stories were made to enhance the interaction with others and how to deal with the surroundings by controlling self.
- One of the social stories is based on undesirable behavior of touching things of others without taking permission. It has been observed by the parents that children touch and take things of others without taking permission. This social story is presented with cards and real things which are generally present in the surroundings. Firstly, the cards were presented with verbal prompts and meanings, and then it was practiced and rehearsed by real objects by statements like do not touch and take permission.
- Other social story is formulated on the deficit of initiating conversation with others. Social story explains the social situation and children were asked to answer the questions asked by others. It was rehearsed by role play with others. Both social stories were presented in 30 sessions with a 5 minute interval of each session.
- Social stories were presented daily till 30 sessions; parents were also instructed to make their children learn about social stories at home also. Parents were asked about the behavior of their child at home settings or in any other social situation if occurred. After giving intervention of 30 days, the post intervention scoring of CARS was done to know the effect of social stories.

DATA TABLES AND FIGURES

The study aimed at examining the effect of social stories on social skills of children with Autism Spectrum Disorder.

The results of the investigation are as follows:

Table 1 represents the scores obtained for Relating to People by Pre intervention and Post intervention of Social Stories

ITEM	PHASE	N	Mean	Std. Deviation	Std. Error Mean	df	t-value	Level of significance
Relating to people	Pre intervention	4	2.5	0.7071	.3535	3	2.4494	.05
	Post intervention	4	2	7.4939	.2041			

Effect of Social Stories on Social Skills of children with Autism Spectrum Disorder

The table 1 shows mean, standard deviation, standard error mean, t-values and the significant values of Pre intervention and Post intervention of Social Stories. As seen Deficit in Social Skill: Relating to people is high in pre intervention (n= 4, mean= 2.5) as compared to post intervention(n= 4, mean= 2) of social stories. There is difference between pre intervention and post intervention scores of Relating to People(t value-2.449) which is significant at .05.

Figure 1 Bar diagram showing the comparison between Pre intervention and Post intervention of Social stories on Social skill: Relating to people

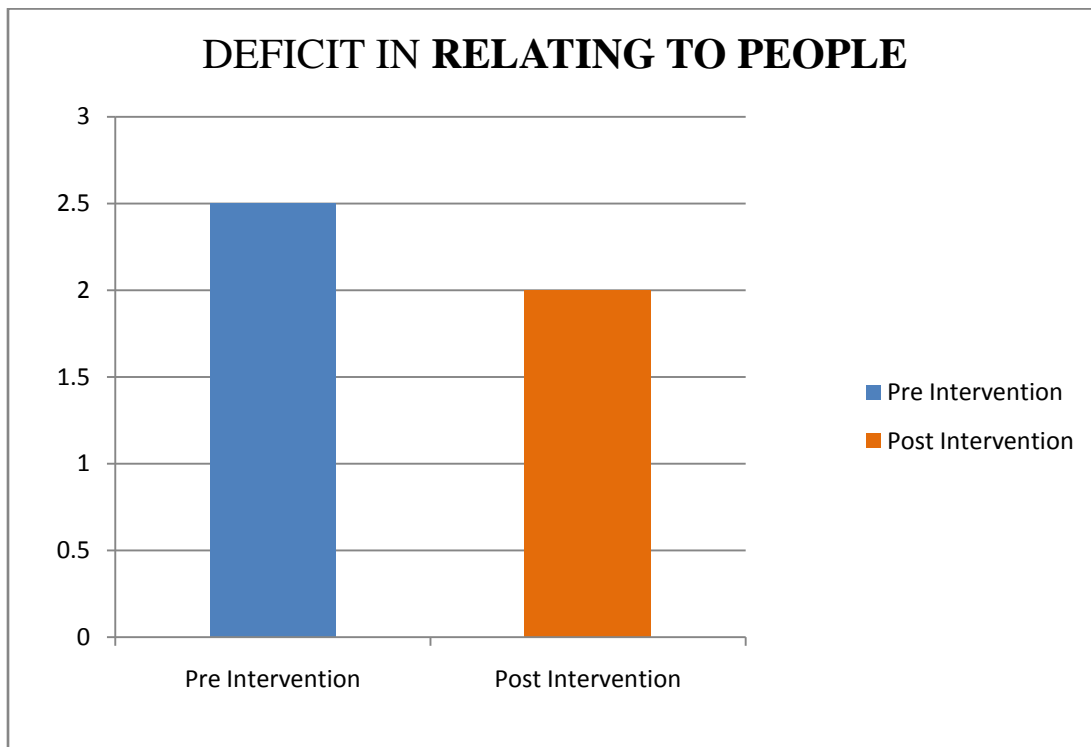


Table 2 represents the scores obtained for Adaptation to Change by Pre intervention and Post intervention of Social Stories

ITEM	PHASE	N	Mean	Std. Deviation	Std. Error Mean	df	t-value-	Level of significance
Adaptation to change	Pre intervention	4	2.25	.8660	.4330	3	3	.05
	Post intervention	4	1.875	0.4330	.3145			

The table 2 shows mean, standard deviation, standard error mean, t-values and the significant values of Pre intervention and Post intervention of Social Stories. As seen Deficit in Social Skill: Adaptation to change is high in pre intervention (n= 4, mean= 2.25) as compared to post intervention(n= 4, mean= 1.875) of social stories. There is difference between pre intervention and post intervention scores of Adaptation to Change (t value-3) which is significant at .05.

Fig.2 Bar diagram showing the comparison between Pre intervention and Post intervention of Social stories on Social skill: Adaptation to change

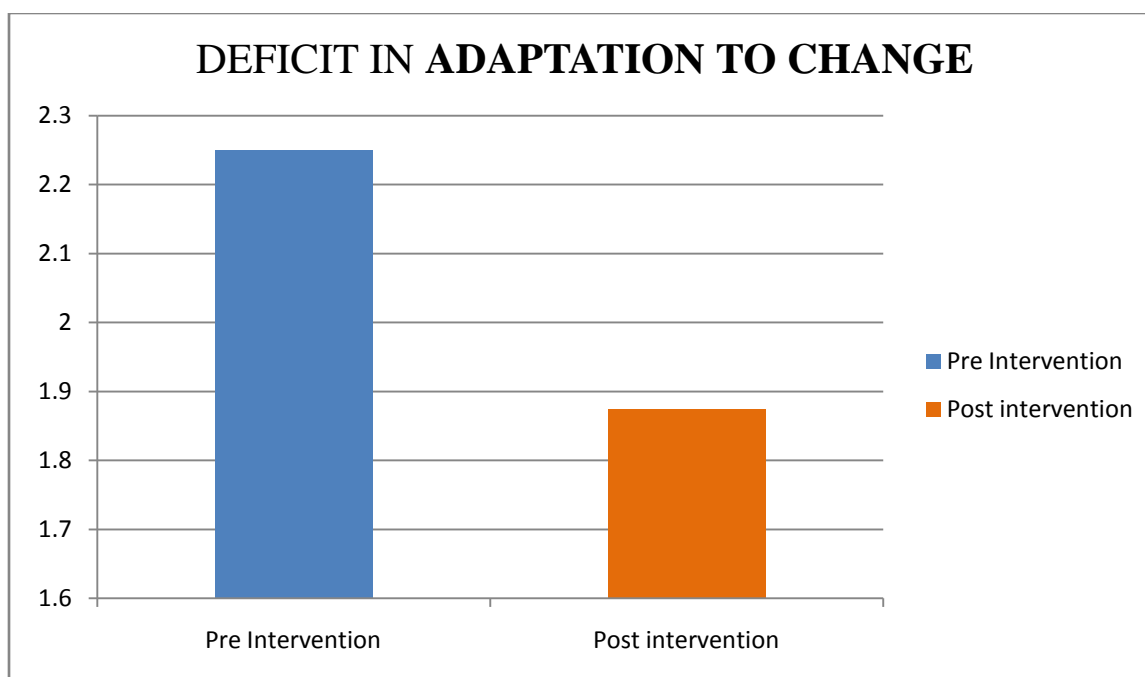


Table 3 represents the scores obtained for Listening Response by Pre intervention and Post intervention of Social Stories

ITEM	PHASE	N	Mean	Std. Deviation	Std. Error Mean	df	t-value-	Level of significance
Listening response	Pre intervention	4	2.5	0.4082	.2041	3	3	.05
	Post intervention	4	1.75	.2886	.1443			

The table 3 shows mean, standard deviation, standard error mean, t-values and the significant values of Pre intervention and Post intervention of Social Stories. As seen Deficit in Social Skill: Listening response is high in pre intervention (n= 4, mean= 2.5) as compared to post intervention(n= 4, mean= 1.75) of social stories. There is difference between pre intervention and post intervention scores of Listening Response (t value-3) which is significant at .05.

Fig.3 Bar diagram showing the comparison between Pre intervention and Post intervention of Social stories on Social skill: Listening response

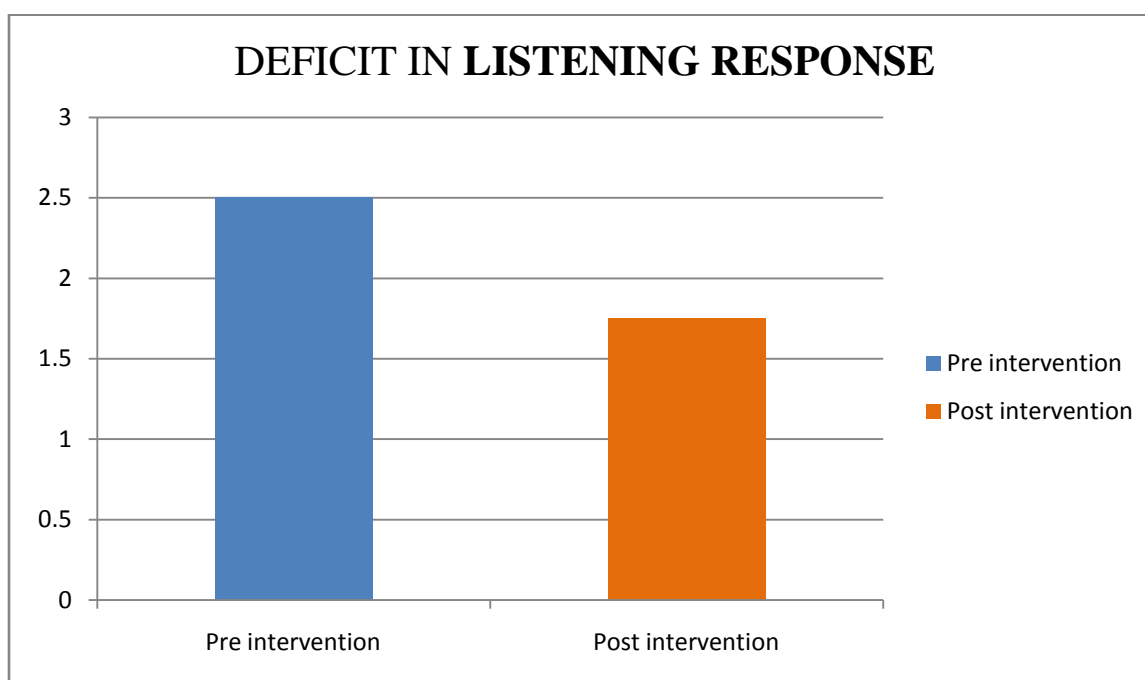


Table 4 represents the scores obtained for Visual Response by Pre intervention and Post intervention of Social Stories

ITEM	PHASE	N	Mean	Std. Deviation	Std. Error Mean	df	t-value-	Level of significance
Visual response	Pre intervention	4	2.5	0.4082	.2041	3	7	.05
	Post intervention	4	1.625	.25	.125			

The table 4 shows mean, standard deviation, standard error mean, t-values and the significant values of Pre intervention and Post intervention of Social Stories. As seen Deficit in Social Skill: Visual response is high in pre intervention (n= 4, mean= 2.5) as compared to post intervention(n= 4, mean= 1.625) of social stories. There is difference between pre intervention and post intervention scores of Visual Response (t value=7) which is significant at .05.

Fig.4 Bar diagram showing the comparison between Pre intervention and Post intervention of Social stories on Social skill: Visual Response

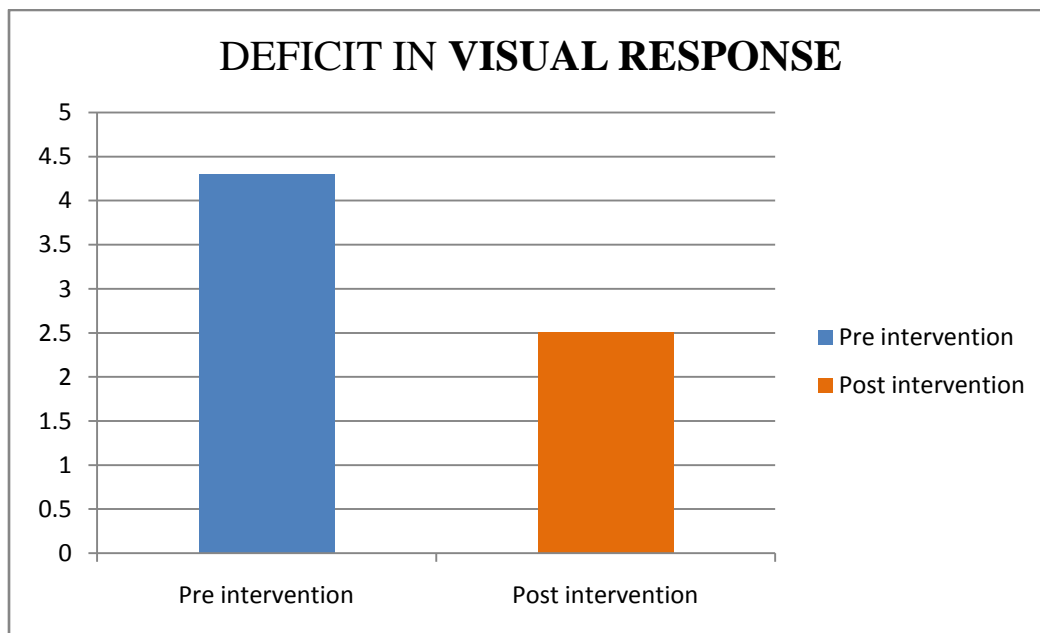
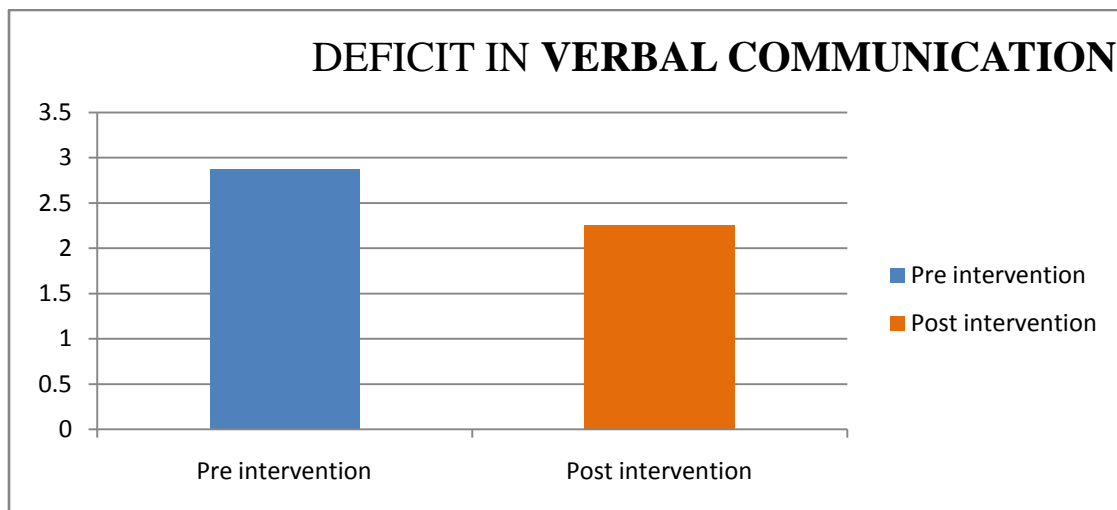


Table 5 represents the scores obtained for Verbal Communication by Pre intervention and Post intervention of Social Stories

ITEM	PHASE	N	Mean	Std. Deviation	Std. Error Mean	df	t-value-	Level of significance
Verbal communication	Pre-intervention	4	2.875	.25	.125	3	5	.05
	Post intervention	4	2.25	.2886	.1443			

The table 5 shows mean, standard deviation, standard error mean, t-values and the significant values of Pre intervention and Post intervention of Social Stories. As seen Deficit in Social Skill: Verbal Communication is high in pre intervention (n= 4, mean= 2.875) as compared to post intervention (n= 4, mean= 2.25) of social stories. There is difference between pre intervention and post intervention scores of Verbal Communication (t value-5) which is significant at .05.

Fig.5 Bar diagram showing the comparison between Pre intervention and Post intervention of Social stories on Social skill: Verbal Communication



DISCUSSIONS

The present study was carried out to examine the change in social skills of children with Autism Spectrum Disorder by giving the intervention of Social story. The study is a comparative study between Pre intervention and Post intervention by using social stories. The data was collected on 4 samples, ranging from 4-8 years of age and diagnosed with Autism Spectrum Disorder. The independent variable for the research was Social Stories and the dependent variable was rate of improvement in Social skills. On the basis of this, it was hypothesized that: “Social stories will support and enhance the social skills in Children with Autism Spectrum Disorder”.

From the analysis of Table 1 and Fig. 1 it is seen that there is significant difference between pre intervention and post intervention of Social Skill: Relating to people by using social stories.

It has been observed from the Fig.1 that the difference between two means of pre intervention and post intervention was significant and it shows that the deficit in relating to people is less in post intervention as compared to pre intervention. It signifies that Social Skill: Relating to people can be enhanced by intervention of social stories. This result is also supported by one of the previous research done by Crozier and Tincani (2005). The target behavior of “talking to people” of 8 year old boy was improved by social stories with verbal prompts. The study was divided into two designs (a) intervention of social stories without any modification and (b) intervention of social stories with modification of verbal prompts. ABAC design was used in the research. Observations were made by his teachers and his family members. The decrease in disruptive behaviors has been observed more in second intervention phase i.e. social stories with modification of verbal prompts as compared first intervention phase of social story only.

Another pioneering study was done by Barry and Burlew (2004) also contribute to the present study. The study was done to enhance the play skills and social interaction of Autistic children through Social Stories. The participants were 2 children with severe autism with little expressive language. The results were surprising as both of the children started taking initiative in play and improvement in their communication skills has also been observed. This research proved that social stories can also be effective for the severe autistic children with little language skills.

One of the social stories of present research includes the initiation of conversation by answering question to others which covers relation or interaction with people. It has been clearly observed during the sessions and by parents that their children could answer some of the basic questions which are related to the needs of themselves, for example “How are you?” ” What did you have in your lunch?”. One of the participants did not show any significant improvement.

Use of social stories as an intervention can increase the social interaction of children with Autism Spectrum Disorder towards peers both with and without disabilities (Scattone and Tingstrom; 2011).Improvement in verbal greetings initiation was observed in children with

Effect of Social Stories on Social Skills of children with Autism Spectrum Disorder

Autism Spectrum Disorder by providing the intervention of Social Stories (Reichow and Sabornie, 2009).

Further from the analysis of Table 2 and Fig 2, it is seen that there is significant difference between the Pre intervention and Post intervention of Social skill: Adaptation to Change by using social stories. It can be observed in the Fig 2 that difference between two means of pre intervention and post intervention is significant. This shows that deficit in Social Skill: Adaptation to change is less in pre intervention as compared to post intervention. It signifies that the social skill of adaptation to change can be enhanced by social stories. Social stories developed for the research also includes social skill of adaptation to change. They explain new things which are present in our surroundings and children with Autism Spectrum disorder faces difficulty to deal with them or may indulge in maladaptive behavior with new things or new environment. Social stories help children and make them learn about the new things and how to deal with it in socially acceptable behavior.

It has been observed that the children were now able to cope up the changes in the environment. Now, they were able to understand that what type of things they should touch and how should they deal with the surroundings by not touching things of others. They were learned to ask permission from elders to touch or to have a particular thing. It has been clearly observed through sessions that children now ask permission before touching a new thing. Parents also observed and share their feelings of improvement in their children. One of the participants did not show any magnificent improvement in adaptation to change.

The analysis of Table 3 and Fig 3 shows that there is significant difference between the Pre intervention and Post intervention of Social skill: Listening response. It has been observed from the Fig.3 that the difference between two means of pre intervention and post intervention was significant and it shows that the deficit in listening response is less in post intervention as compared to pre intervention. It signifies that Social Skill: Listening response can be enhanced by intervention of social stories. This result is also supported by study which was done by Delano and Snell (2006). This study includes 4 social skills including seeking attention, initiating comments, initiating requests and making contingent responses. The participants were 3 elementary students with autism. The intervention of social stories was consisted of reading individualized social stories, answering comprehension questions, and participating in a 10 min play session. The result indicates that social stories can work as an additional intervention to improve social skills and increase in social engagement and frequency of specific social skills. Listening response can be observed in a social skill of seeking attention.

Social stories of present research includes listening response as it involves story of initiating conversation which also includes listening to others and respond back to the questions asked by others. It has been observed that children were listening and responding back if their names were called. They do the specific tasks according to the instructions which signify that they were

listening and understanding but not responding back to the other persons. All of the participants show improvement in listening response.

The analysis of Table 4 and Fig 4 shows that there is significant difference between the Pre intervention and Post intervention of Social skill: Visual response. It has been observed from the Fig.4 that the difference between two means of pre intervention and post intervention was significant and it shows that the deficit in visual response is less in post intervention as compared to pre intervention. It signifies that Social Skill: Visual response can be enhanced by intervention of social stories. These results are also supported by the research done by Schneider and Goldstein (2005). This study demonstrated that social stories, presented as an auditory-visual support system, were effective in increasing desired behaviors in three children with autism. It has been observed that through auditory and visual support system of social story, visual response could be enhanced. The results of this study indicate social stories were able to increase on-task behaviors for three children with autism. The stories were able to describe behaviors that were appropriate and required in social situations. After intervention, the participants were able to respond more appropriately and manage their behavior.

Social stories of present research were supported by auditory and visual system. Therefore, it can be easily observed that the eye contact of the participants were improved and maintained. In one of the participants, it has been observed that he start maintaining eye contact with the people or things which are close to him. All of the participants show significant improvement in visual response.

The analysis of Table 5 and Fig 5, it is seen that there is significant difference between Pre intervention and Post intervention of Social Skill: Verbal Communication by social stories. This result is also supported by the previous study by Reichow and Sabornie (2009). They did study which focused to analyze the effect of social stories on verbal greetings initiation of autistic children. Verbal greetings initiation is a part of social skills. A young 11 year old boy diagnosed with High Functioning Autism was participant. A comparative study was done with social stories intervention and withdrawal of social stories intervention. Improvement in verbal greetings initiation was observed in both intervention conditions as compared to baseline conditions. The result of the study indicated that the social stories can also be effective in increasing verbal greeting initiations in autistic children.

A classic recent research was done by Thiemann and Goldstein (2013) also contributes to our findings. In this study, written text and pictorial cuing (social stories) with supplemental video feedback was investigated to know the effects on social communication of autistic children. Results showed increase in targeted social communication skills when the treatment was implemented. Some generalized treatment effects were observed across untrained social behaviors. The strength which combined social stories, pictorial and written text cues with

Effect of Social Stories on Social Skills of children with Autism Spectrum Disorder

supplemental video feedback gives a positive or effective change in social communication skills of 5 young students with autism or social impairment.

In this research, social stories are made with the sentences and verbal prompts were also used which gives the idea of communication to the children. One of the Social stories included the initiation of conversation and replying to the questions asked by others which caters verbal communication as a social skill. It is observed that the participants show improvement in verbal communication but that was not so supportive for initiating a conversation. On the other hand, participants were start responding back to some of the questions.

It can be concluded from the above discussion that social skills of children with Autism Spectrum Disorder can be improve by the intervention of Social Stories. Social skills including relating to people, adaptation to change, visual response, listening response and verbal communication can be enhanced and supported by the Social Stories.

CONCLUSION

The present study focused on the impact of social stories on social skills of children with Autism Spectrum Disorder. For the purpose of the study, a comparative study was done between Pre intervention and Post intervention by using social stories. The data was collected on 4 samples, ranging from 4-8 years of age and diagnosed with Autism Spectrum Disorder.

Childhood Autism Rating Scale 2 (CARS2) was used as a tool to assess the social skills in Pre intervention and Post intervention phase. Social stories were developed according to common deficits of social skills in 4 children.

The hypotheses were formulated on the basis of the objectives of the study and the obtained score were analyzed by using T- test, statistical technique.

It is concluded from the present study that there is significant difference between the scores of social skill in pre intervention and post intervention by Social Stories. It signifies that there is impact of social stories on the social skill of children with Autism Spectrum disorder.

REFERENCES

- Bell, N. J. (2005). Using Social Stories to Improve Socially Appropriate Behaviors in Children with Autism.
- Carson, R.C., Butcher, J.N., Mineka, S., & Hooley, J.M. (2007). *Abnormal Psychology*. (13th Ed.). Pearson Education Inc., New Delhi.
- Reichow, B., & Sabornie, E. J. (2009). Brief report: Increasing verbal greeting initiations for a student with autism via a Social Story™ intervention. *Journal of autism and developmental disorders*, 39(12), 1740-1743.

Effect of Social Stories on Social Skills of children with Autism Spectrum Disorder

- Sadock, B.J., & Sadock, V.A. (2007). *Synopsis of Psychiatry*. (10th Ed.). Lippincott Williams & Wilkins, Philadelphia.
- Schneider, N., & Goldstein, H. (2009). Using social stories and visual schedules to improve socially appropriate behaviors in children with autism. *Journal of Positive Behavior Interventions*.
- Simpson L. Richard, 2008. *Autism Spectrum Disorder: Interventions and treatments for children and youth*, (6th Edition) .Sage South Asia

Online Links:

- Cohen, D. (2006). *Developmental Psychopathology, Risk, Disorder, and Adaptation* (2nd ed.) (D. Cicchetti, Ed.). John Wiley & Sons. Retrieved from:
<https://books.google.co.in/books?id=UlQjE-Ka09sC&pg=PA319&dq=comorbidity+of+autism+spectrum+disorders+with+mental+retardation&hl=en&sa=X&ei=eOAaVdnCLs6RuATwIYHgCA&ved=0CCUQ6AEwAg#v=onepage&q=comorbidity%20of%20autism%20spectrum%20disorders%20with%20mental%20retardation&f=false>
- Hollander, E. (2011). *Textbook of Autism Spectrum Disorders* (A. Kolevzon, Ed.). American psychiatric pub. Retrieved from:
<https://books.google.co.in/books?id=NgEg2FqxrYYC&pg=PA209&dq=pdf+comorbidity+of+autism+spectrum+disorders&hl=en&sa=X&ei=y9IaVezpAYqeugTWroDYDg&ved=0CCQO6AEwAQ#v=onepage&q=pdf%20comorbidity%20of%20autism%20spectrum%20disorders&f=false>
- Leboyer, M. (2015). *Autism Spectrum Disorder: Phenotype, Mechanism and Treatments* (Vol.180) (P.Chaste, Ed.). Karger Medical and Scientific Publisher. Retrieved from:
<https://books.google.co.in/books?id=CInBwAAQBAJ&pg=PT175&dq=comorbidity+of+autism+spectrum+disorders&hl=en&sa=X&ei=xdUaVaG3AtWluASrkYDIDg&ved=0CCEQ6AEwAQ#v=onepage&q=comorbidity%20of%20autism%20spectrum%20disorders&f=false>

ACKNOWLEDGEMENT

I am thankful to my supervisor, **Babita Prusty**, for his guidance and suggestions which I required very much. He helped me to design, implement, apply, criticize and clearing the paths towards thesis completion in his solution oriented way.

I extend my appreciation to **Dr. Harshita Misra** for her unconditional support, guidance and encouragement.

I also extend my appreciation to **Dr. Anand Jha** for his unconditional support.

I would like to extend my heart filled gratitude to my parents **Mr. Manoj Aggarwal** and **Mrs. Rekha Aggarwal** for their unconditional love, help and support.

Last, but not the least my best friends and my classmates who have always been with me during the tenure of this project.

With great pleasure I express my deep gratitude to **Prof. Abha Singh**, for the decisive and energetic support provided throughout my study period.

Mental Health and Academic Achievement of College Students

Dr. Shashi Kala Singh¹

ABSTRACT

The present study aimed at examining the impact of mental health on academic achievement of college students. For this purpose 200 college students (100 males & 100 females) were selected from different colleges of Ranchi town. The marks obtained in class XIIth of Central Board of Secondary Education was used as the indicator of academic achievement. Students were classified into two groups namely high achiever (who obtained above 65% marks) and low achiever (who obtained below 50% marks). The data was collected by Mental Health Battery which was developed by Arun Kumar Singh and AlpnaSen Gupta. The result showed that male group was mentally healthy than female group. High achiever group was mentally healthy than low achiever group. Mental health was positively related with academic achievement.

Keywords: *Mental Health, Academic Achiever, High Academic and Low Academic Achiever*

Mental Health is the balanced development of the individual's personality and emotional attitudes which enable him to live harmoniously with his/her fellow men/women. Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community. Mental health promotion requires multi-sect oral action, involving a number of government sectors and non-governmental or community-based organizations. The focus should be on promoting mental health throughout the lifespan to ensure a healthy start in life for children and to prevent mental disorders in adulthood and old age.

Mental health is emotional, behavioral, and social maturity or normality; the absence of a mental or behavioral disorder; a state of psychological well-being in which one has achieved a satisfactory integration of one's instinctual drives acceptable to both oneself and one's social milieu; an appropriate balance of love, work, and leisure pursuits. According to WHO (World Health Organization), mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". WHO stresses that mental health "is not just the absence of mental disorder".

¹Associate Professor, Dept. of Psychology, Ranchi University, Ranchi

Mental Health and Academic Achievement of College Students

Mental health depends upon biological and social factors, its transient and not the static in nature. Mental health is a complete of physical, mental and social well-being and not merely absence of the disease or infirmity. It involves Emotional stability Over-all adjustment, Autonomy, Security-Insecurity, Self-concept, Intelligence.

- Emotional stability-It refers to experiencing subjective stable feelings which have positive or negative values for the individual.
- Adjustment- It refers to individual's achieving an overall harmonious balance between the demands of various aspects of environment, such as home, health, social, emotional and school on the one hand and cognition on the other.
- Autonomy- It refers to a stage of independence and self-determination in thinking.
- Security-Insecurity- It refers to a high (or low) sense of safety, confidence, and freedom from fear, apprehension or anxiety particularly with respect to fulfilling the person's present or future needs.
- Self-concept- It refers to the sum total of the person's attitudes and knowledge towards himself and evaluation of his achievements.
- Intelligence- It refers to general mental ability which helps the person in thinking rationally and in behaving purposefully in his environment.

A Mentally healthy person shows a homogeneous organization of desirable attitudes, healthy values and righteous self-concept and a scientific perception of the world as a whole. Mental Health is a condition of psychological maturity – are relatively constant and enduring function of personality. It is a condition of personal and social functioning with a maximum of effectiveness and satisfaction. Mental Health involves positive feelings and attitudes toward the self and toward others. The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2005).

According to the *President's New Freedom Commission on Mental Health* (2003), approximately 5-9% of children have a "serious emotional disturbance." This term refers to any diagnosable mental disorder (in a child under age 18) that severely disrupts social, academic, and emotional functioning. This means that in our schools, there are one to two children in every classroom who are suffering from a serious mental disability, yet nearly 80% of these children do not receive the mental health services they require. According to the Department of Education, 50% of children with serious emotional/ behavioral disorders drop out of high school, compared to 30% of students with other disabilities – making it the highest drop-out rate of any disability group. A 2005 study by Miech and colleagues provides more evidence that the educational disparities caused by mental illness persist through life. This longitudinal study assessed mental health status and educational attainment of over 1,000 general population subjects in 1981 and again 13 years later. Those who did not complete high school were more likely to have

Mental Health and Academic Achievement of College Students

symptoms of mental illness at both points in time compared to those who did complete high school. study carried out at a school-based health center (SBHC) of a public high school with a large population of low-income and Hispanic students (Gall et al., 2000) showed that students with mental health problems had a much higher rate of absenteeism, tardiness, and lower grades than those without mental health problems.

Academic achievement or (academic) performance is the outcome of education — the extent to which a student, teacher or institution has achieved their educational goals. Academic achievement is commonly measured by examinations or continuous assessment but there is no general agreement on how it is best tested or which aspects are most important — procedural knowledge such as skills or declarative knowledge such as facts. Academic achievement can be defined as excellence in all academic disciplines, in class as well as extracurricular activities. It includes excellence in sporting, behaviour, confidence, communication skills, punctuality, assertiveness, Arts, Culture, and the like. Academic achievement is among the most thoroughly studied social consequences of mental health problems. Most studies come from outside the sociology of mental health, especially from sociology of education, social epidemiology, and developmental psychology (e.g., Campbell & Von Stauffenberg, 2007). These studies find that youth with mental health problems perform less well in school and attain lower levels of education than other youth. The association holds throughout the early life course—in elementary school (e.g., Alexander, Entwistle, & Dauber 1993; Farmer & Bierman 2002), Several investigators (Chopra, 1968; Cronback & Furby, 1970; Deo Mohan, 1972; Jesudason, 1979; Kothurkar, 1962; Mahale, 1975; Pandey, 1973; & Singh, 1965; etc.) have used examination marks as indicator of academic achievement in some form or the other.

HYPOTHESES

There will be no significant gender differences in mental health among college students.

- There will be significant differences in mental health among college students with high and low academic achievement.
- There will be positive relationship between mental health and academic achievement.

SAMPLE

A sample of 200 adolescents, who studying in B.A part I, different colleges of Ranchi town (Jharkhand, India) selected on stratified random basis for the present study. The stratification was based on gender (Male & Female) and level of achievement (High achievers and Low achievers). High achievers, who obtained marks above 65% and low achievers who obtained marks below 50% in their 12th class examination.

TOOLS

1. Mental Health Battery (MHB):-In the study the investigator employed English version of Mental Health Battery which was developed and validated by Arun Kumar Singh and Alpana Sen Gupta (1971). Mental Health Battery intends to assess the status of mental health

Mental Health and Academic Achievement of College Students

of persons in the age range of 13 to 22 years. As it is a battery of six tests. There are set of 130 items in the Mental Health Battery with six dimensions-emotional stability (ES), over all adjustment (OA), Autonomy (AY), security – Insecurity (SI), self -concept (SC) and Intelligence (IG). The reliability coefficient of the scale is ranged from .12 to .88 and the validity coefficient of the scale is ranged from .60 to .82.

2. Academic Achievement: -In the present investigation academic achievement constitutes the aggregate marks obtained by the subjects in their 12th class examination.

PROCEDURE

Mental Health Battery was administered to the students. Data was collected and scoring was done with the help of scoring key. Means and SDs were calculated for Mental Health Battery Score. Comparison was made by applying ‘t’ test. To find out the relationship between academic achievement and mental health product moment correlation coefficient was computed.

RESULT AND DISCUSSION

The obtained data were analysed with the help of Means, SDs and ‘t’ test. Table – 1 presented a comparison of the Male and Female adolescents on Mental Health.

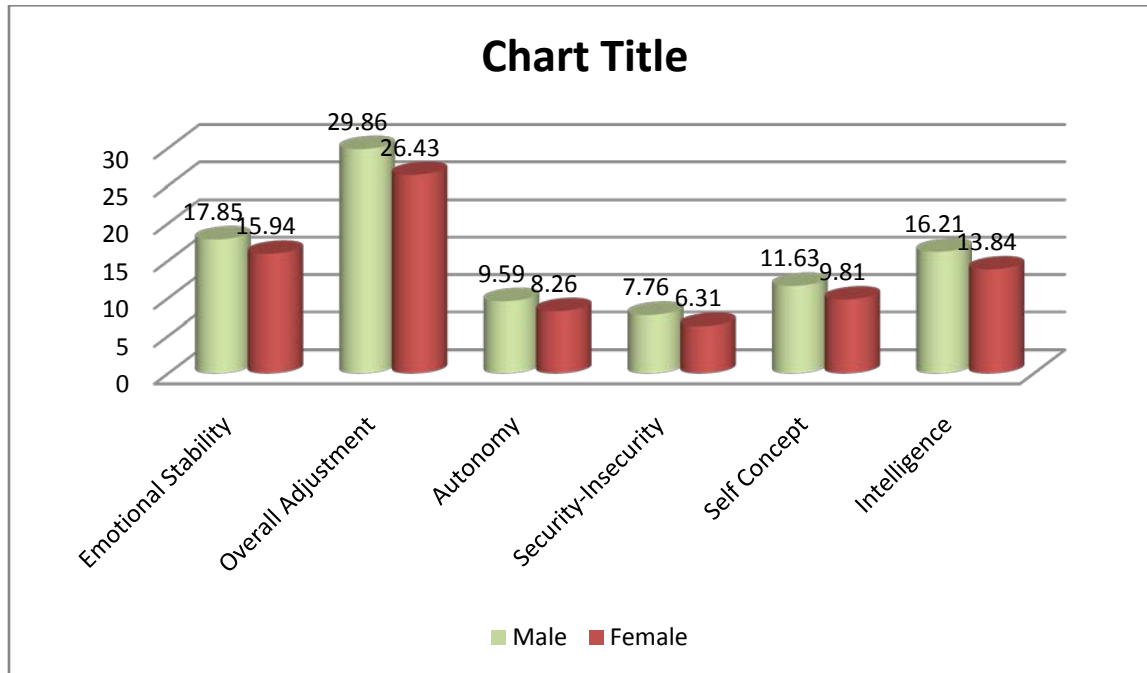
The result of the present study shows that male and female group differed significantly from each other in the six areas of mental health battery (Emotional Stability, Overall Adjustment, Autonomy, Security-Insecurity, Self-Concept and Intelligence).. Which indicate that male group have better mental health than female group. Male students has greater level of Emotional Stability, better adjustment level, more sense of security, Self-concept, more intelligent and better Overall mental health than female students.

Thus the hypothesis “There will be no significant gender differences in mental health among college students” is rejected.

Table 1 –Means, SDs and ‘t’ values of male and female adolescents on mental health

Sr.No	Factor	Male			Female			‘t’	P VALUE
		Mean	SD	N	Mean	SD	N		
1.	Emotional Stability	17.85	4.62	100	15.94	3.96	100	3.18	0.01
2.	Overall Adjustment	29.86	4.28	100	26.43	3.83	100	6.12	0.01
3.	Autonomy	9.59	2.01	100	8.26	1.38	100	6.04	0.01
4.	Security - Insecurity	7.76	2.62	100	6.31	2.04	100	4.67	0.01
5.	Self-Concept	11.63	2.53	100	9.81	2.26	100	5.51	0.01
6.	Intelligence	16.21	4.06	100	13.84	3.28	100	4.74	0.01
	Total Mental Health	106.31	10.21	100	99.73	9.64	100	4.70	0.01

Figure -1, Mean scores, of male and female of mental health.



The obtained data were analyzed with the help of Means, SDs and 't' test. Table -2 presented a comparison of the high and low achiever on Mental Health. High achieving group scored higher ($M = 106.31$) than Low achieving college students ($M = 99.73$) on mental health battery. All category of high achieving group secured higher mean scores on mental health battery than low achieving group. It indicates that high achievers were more mentally healthy than low achiever. All the 't's were highly significant at 0.01 level.

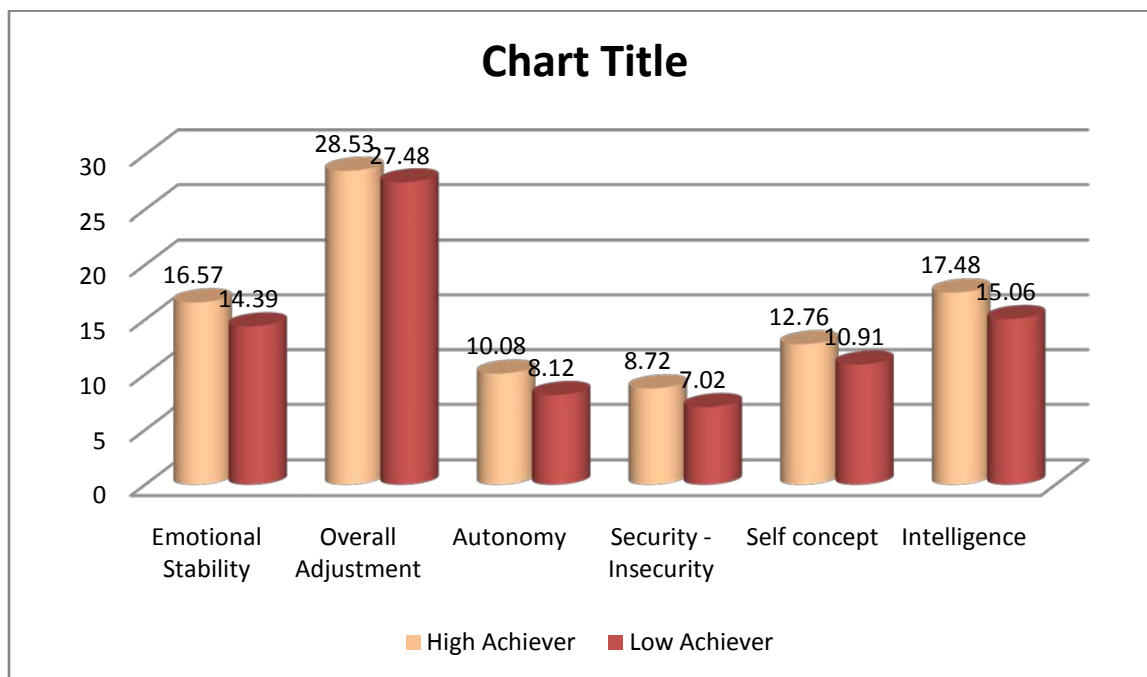
Thus the hypothesis "There will be significant differences in mental health among college students with high and low academic achievement" is accepted.

Mental Health and Academic Achievement of College Students

Table 2 –Mean scores, SDs and ‘t’ values of high and low achievers of mental health.

Sr.No	Factor	High Achiever			Low Achiever			‘t’	P VALUE
		Mean	SD	N	Mean	SD	N		
1.	Emotional Stability	16.57	4.41	100	14.39	3.24	100	4.11	0.01
2.	Overall Adjustment	28.53	4.13	100	27.48	3.08	100	2.10	0.05
3.	Autonomy	10.08	2.36	100	8.12	1.84	100	6.32	0.01
4.	Security - Insecurity	8.72	3.06	100	7.02	2.54	100	4.47	0.01
5.	Self-Concept	12.76	2.86	100	10.91	2.47	100	5	0.01
6.	Intelligence	17.48	4.16	100	15.06	3.08	100	4.84	0.01
Total Mental Health		107.86	10.54	100	98.46	9.26	100	6.71	0.01

Figure-2, Mean scores of high and low achievers of mental health.



Using product moment method of coefficients of correlation, an attempt was made to explore the relationship of academic achievement with mental health.

Table 3, Correlation coefficient between Academic Achievement and Mental Health.

N	r	P Value
200	0.4251	0.01

It is obvious from the table3 that academic achievement and mental health exists positive correlation which was significant at 0.01 levels. Thus the hypothesis “There will be positive relationship between mental health and academic achievement” is accepted. This indicated that a person with having high academic achievement tend to score high and person having low academic achievement tend to scores low on the scale of Mental Health. Kasinath (2003) revealed that there is a significant effect of mental health on academic achievement.

CONCLUSIONS

- (1) Male group have better mental health than female group.
- (2) High and Low achiever differs significantly in their mental health.
- (3) Mental Health is positively and significantly co-related with academic achievement.

REFERENCES

- Alexander, Karl. L., Doris. R. Entwisle, & Susan L. Dauber. (1993). “First Grade Classroom Behavior: Its Short- and Long-Term Consequences for School Performance.” *Child Development* 64:801–14.
- Campbell, Susan. B & Camilla von Stauffenberg. (2007). “Child Characteristics and Family Processes that Predict Behavioral Readiness for School”. 225–58 in *Disparities in School Readiness: How Families Contribute to Transitions into School*, edited by A. Booth.
- Chopra, S. L. (1968). Measured intelligence and academic achievement as related to urban and rural residence. *Rural Sociology*.33 (2), 214 – 217.
- Cronback. L. J. & Furby. L. (1970). How we should measure change Or should we. *Psychological Bulletin*.74, 68 – 80.
- Deo, P.& Mohan, A. (1972). Patterns of academic achievement. *Indian Educational Review*.7 (2), 101 – 116.
- Farmer, Alvin, D & Karen L.Bierman.(2002). “Predictors and Consequences of Aggressive-Withdrawn Problem Profiles in Early Grade School.”*Journal of Clinical Child and Adolescent Psychology* 31: 299–311.

Mental Health and Academic Achievement of College Students

- Gall. G, Pagano. M, Desmond. S, Perrin. J & Murphy. J.M. (2000). Utility of psychosocial screening at a school-based health center. *The Journal of School Health*. 70(7):292-298.
- Jesudason.V. (1979).Indian students in the United States, Socio – economic background, academic performance and plans to return home. *Indian Educational Review*.14 (1), 1 – 21.
- Kasinath.(2003).Home Environment, Mental Health and Academic Achievement among Hr. Secondary School Students. *Journal of Education and Practice*. Vol -1 (1),1-7.
- Kothurkar, V. K. (1962). *Psychological survey of secondary school children of Poona*. University of Poona.
- Mahale, M.N. (1975).*Family situation and the education of the adolescent*. Unpublished .Ph.D.Thesis. Bombay University, Bombay.
- Miech. R.A, Eaton. W.W.& Brennan. K. (2005). Mental health disparities across education and sex: a prospective analysis examining how they persist over the life course. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 60(2):93-8
- Pandey, R.P. (1973).Unpublished. Ph.D.Thesis. L.N.M.U. Darbhanga.
- President's New Freedom Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. Rockville, MD.
- Singh, B. K. (1965). *Some non – intellectual correlates of academic achievement*. Unpublished Ph.D. Thesis. Patna University, Patna.

Impulsiveness of Different Sociometric Groups among Secondary School Students

Shafeeqa bano¹

ABSTRACT

The present study aimed at investigating “Impulsiveness of different sociometric groups among secondary school students”. Initially the sample consisted of 2000 secondary school students (girls) of Aligarh district. After that through simple random sampling, four sociometric categories i.e., Populars(100), Neglectees(100), isolates(100) and rejectees(100) were drawn and taken as the final research subject. The test developed by Sharma (1970) was used for drawing sociometric categories. To study Impulsiveness among these sociometric categories, the scale developed by Rai & Sharma(1988) was used. The finding of the research indicated that no Significant difference was found among four Sociometric groups (i.e., populars, neglectees, isolates, & rejectees)” and between the two sociometric groups i.e., populars & neglectees, populars & isolates, populars & rejectees, neglectees & isolates, neglectees & rejectees, isolates & rejectees on the variable of impulsiveness.

Keywords: *Impulsiveness, Sociometric groups, Secondary school students*

The tendency to join with others in groups is perhaps the single most important characteristic of humans, and the process that unfold within these groups leave an indelible imprint on their members and on the society (Forsyth, 2006). The term sociometry is coined by Moreno (1934). Sociometry is a measure of assessing the attractions and repulsions within a given group. Different sociometric groups include populars, above average, average, below average, neglectees, rejectees and isolates. The process of socialization and social interaction is expected to produce personalities that are substantially integrated and consistent. The emergence of integrated personalities, leads towards adjustment and harmonious social relation. This is the intended consequence of socialization and it is evident that it occurs in substantial measures. The general pattern of socialization is the same in all cases, however, actual experience tend to vary from situation to situation and from individual to individual. When individual is in the society and he interacts in it, there are chances of his being accepted as a leader, and there equally chances for him to accept the role of the follower (Malik, 1978).

¹PhD scholar, department of education A.M.U.Aligrah(U.P)

Impulsiveness of Different Sociometric Groups among Secondary School Students

Impulsiveness is a personality trait which includes quick and impulsive behaviour, risk taking activities, lack of emotional control, non-planning, liveliness and hyper activity. (Barratt, 1965) & (Eysenck & Eysenck, 1977). Impulsivity typically refers to “behaviour that incorporates a component of rashness, lack of foresight or planning or as a behaviour that occurs without reflection or careful deliberation.” According to (Barratt 1994; Eysenck et.al., 1985; Parker & Bagby, 1997), *impulsivity* is defined as the extent to which individuals are unable to control their thoughts and behaviours.

According to Corsini(1999) ‘Impulsiveness’ is a type of behaviour characterized by the inclination of an individual to act on impulse rather than thoughts. In general, Impulsivity refers to quick, unplanned behaviour that appear due to the lack of clear forethought.

Impulsiveness in the present study may be defined as the total score obtained by secondary school students on the scale of Impulsiveness (IS) prepared by the Rai and Sharma (1988).

OBJECTIVES OF THE STUDY

Following are the main objectives of the study.

- To find out difference, if any, on the variable of Impulsiveness among four Sociometric groups (viz., populars, neglectees, isolates & rejectees).
- To make the comparison between two Sociometric groups (i.e., populars & neglectees, populars & isolates, populars & rejectees, neglectees & isolates, neglectees & rejectees, isolates & rejectees) on the variable of Impulsiveness.

HYPOTHESES OF THE STUDY

In order to achieve the above objectives following hypotheses are undertaken in this investigation

- There will be statistically significant difference among the four Sociometric groups (i.e populars, neglectees, isolates, & rejectees) on the variable of Impulsiveness.
- Significant difference will be found on the variable of Impulsiveness between two Sociometric groups. (i.e., populars & neglectees, populars & rejectees, populars & isolates, neglectees & isolates, neglectees & rejectees, isolates & rejectees).

REVIEW OF THE RELATED STUDIES

Impulsivity has been investigated as a predictor of aggressive behaviour and has been suggested as a mediator of the sex difference in direct aggression (**Campbell, 2006; Strüber, Luck, & Roth, 2008**). Some forms of impulsivity are more strongly implicated in aggressive behaviour than others. A review by **Campbell (2006)** suggested that cognitive forms of impulsivity were less likely candidates for explaining sex differences in aggression than more affective forms.

Parren, et.al. (2006) studied on Swiss kindergartners children's and adults (combined) reported that high impulsivity/ inattention were related to sociometric rejection, but not acceptance.

Wilson (2006) found that children who were labeled by their peers as aggressive-rejected were more impulsive than non-aggressive popular children and made more inappropriate attempts at engaging in social interactions with their classmates than non aggressive popular children.

Poulin & Dishion (2008) Studied methodological issues in the use of peer sociometric nominations with middle school youth. Participants were 664 sixth graders from three middle schools. Peer nominations for sociometric items (i.e., *like most* and *like least*), as well as teacher ratings of antisocial behavior and records of academic performance, were collected. A sequence effect in peer nominations was found. Results also indicated that the nominations received from the other-sex grade mates and from the grade mates outside the classroom improved the predictive validity of the sociometric measure.

Wallien, et.al. (2009) conducted a sociometric study on peer group status of gender dysphoric children, the social position of gender-referred children in a naturalistic environment. Peer nomination technique to examine their social position in the class was used. A total of 28 children (14 boys and 14 girls), referred to a gender identity clinic, and their classmates ($n = 495$) were included. Results showed that the gender-referred children had a peer network of children of the opposite sex. The social position of gender-referred boys was less favorable than that of gender-referred girls.

Lorenzo-Chávez et.al. (2011) investigated whether peer nominations of social behaviour and teacher ratings of adjustment varied by chronic and non-chronic peer rejection (sociometric status) in 188 Cuban elementary school children. Data were collected through questionnaires administered at schools in several parts of Cuba. Rejected children at year one had significantly

Impulsiveness of Different Sociometric Groups among Secondary School Students

higher scores on peer nominations for withdrawal and aggression. Rejected students also scored higher on impulsivity than other sociometric groups. They also had higher teacher ratings on externalizing and problem behaviours and lower scores on cooperation. In general, the implications for maladjustment were not substantially greater for being rejected by peers two years in a row than for being rejected at only one point in time.

STATEMENT OF THE PROBLEM

“Study of impulsiveness of different sociometric groups among secondary school students”

METHODOLOGY

Impulsiveness Scale (IS) developed by Rai and Sharma (1988) and sociometric scale developed by sharma(1970) were used on the secondary school students(girls) of Aligarh District in order to measure their impulsiveness.

Sample

Initially the sample consisted of 2000 secondary school students (girls) of Aligarh district. After that through simple random sampling four sociometric categories i.e., Populars(100), Neglectees(100), isolates(100) and rejectees(100) were drawn and taken as the final research subject.

Description of the Tests Used

For drawing sociometric categories the test developed by Sharma (1970) was used. Following questions are included in the sociometric questionnaire, used in the present study.

1. If you are asked to shift in some other class , to whom three students of your class would you like to take with you?
2. Which three students of your class would you like to play with during interval or recess?
3. You would have wanted to do some activities of your choice. With whom three Students of your class would you like to do these activities?
4. Name any one student of your class with whom you would not like to do any activity.

For the study of **Impulsiveness**, the scale developed by Rai and Sharma(1988) was used. This scale contains 30 items and the responses obtained in the form of tick marks (✓) on 30 items of scale. Each item of the scale contained two alternative responses. The response indicating impulsiveness was scored as 1 and response indicating no impulsiveness was scored as 0. The

Impulsiveness of Different Sociometric Groups among Secondary School Students

reliability co-efficient of **0.72** was found. For the present scale, The validity was found to be 0.58.

In order to analyze and interpret the data, the following suitable techniques have been employed.

- 1. SOCIOGRAM
 - 2. MEAN
 - 3. F-RATIO
 - 4. t-TEST
 - 5. CORRELATION
- Rejectees Sociogram
- Choices Sociogram

The collected data was analysed by using SPSS version 16.

ANALYSIS AND INTERPRETATION

Analysis of variance for different Sociometric groups on the variable of Impulsiveness

Hypothesis- 1. “There will be statistically significant difference among the four sociometric groups (i.e populars, neglectees, isolates, & rejectees), on the variable of Impulsiveness.”

To verify hypothesis no.1 F-test was applied to obtain a global picture as to whether there is any significant difference on the variable of Impulsiveness among four Sociometric groups.

The F-value of Impulsiveness among four Sociometric groups is given in table- 1

TABLE 1, SUMMARY TABLE OF ANALYSIS OF VARIANCE FOR DIFFERENT SOCIO-METRIC GROUPS ON THE VARIABLE OF IMPULSIVENESS

SOURCE OF VARIANCE	SUM OF SQUARES	DF	MEAN SQUARES	F-RATIO
TOTAL	5487.94	399		
BETWEEN CONDITIONS	40.57	3	13.52	
WITHIN CONDITION	5447.37	396	13.76	
				0.98 ^{NS}

NS= Not Significant

Impulsiveness of Different Sociometric Groups among Secondary School Students

Table 1 shows that the F-ratio for Impulsiveness is 0.98, which is not significant even at 0.05 level of confidence. This reveals that there exists no significant difference among various sociometric groups, i.e. populars, neglectees, isolates, and rejectees in relation to their impulsiveness. Hence, the **first** hypothesis i.e., “*There will be statistically significant difference among the four Sociometric groups (i.e., populars, neglectees, isolates, & rejectees), on the variable of Impulsiveness*” is rejected.

Comparison between two Sociometric groups (i.e., populars & neglectees, populars & isolates, populars & rejectees, neglectees & isolates, neglectees & rejectees, isolates & rejectees) on the variable of Impulsiveness”.

Hypothesis-2. *Significant difference will be found on the variable of Impulsiveness between two sociometric groups. (i.e., populars & neglectees, populars & rejectees, populars & isolates, neglectees & isolates, neglectees & rejectees, isolates & rejectees).*

In order to compare the two groups i.e. populars & neglectees, populars & isolates, populars & rejectees, neglectees & isolates, neglectees & rejectees, isolates & rejectees, on the variable of Impulsiveness, ‘t’-test was applied. The mean scores, S.D. was found out and ‘t’-value was calculated. The ‘t’-values, mean scores and S.D. of different Sociometric groups are given in table 2 and 3 respectively.

TABLE- 2, ‘t’-VALUE FOR DIFFERENT SOCIOMETRIC GROUPS ON THE VARIABLE OF IMPULSIVENESS

S. No.	Between Group	df	‘t’-value	Level of significance	Remark
1.	1&2 (POPULARS & NEGLECTEES)	198	0.81	—	N.S.
2.	1&3 (POPULARS & ISOLATES)	198	0.46	—	N.S.
3.	1&4 (POPULARS & REJECTEES)	198	0.77	—	N.S.
4.	2&3 (NEGLECTEES & ISOLATES)	198	1.34	—	N.S.
5.	2&4 (NEGLECTEES & REJECTEES)	198	1.62	—	N.S.
6.	3&4 (ISOLATES & REJECTEES)	198	0.35	—	N.S.

N.S. = Not significant

Impulsiveness of Different Sociometric Groups among Secondary School Students

Having a look on table, t-values of the total scores of Impulsiveness is not found significant for all the pairs of groups i.e. between group1 and group2 (populars & neglectees), group1 and group3 (populars & isolates), group1 and group4 (populars & rejectees), group2 and group3 (neglectees & isolates), group2 and group4 (neglectees & rejectees), group3 and group4 (isolates & rejectees), as the obtained t-value between populars & neglectees is 0.81, populars & isolates is 0.46, populars & rejectees is 0.77, neglectees & isolates is 1.34, neglectees & rejectees is 1.62 and isolates & rejectees is 0.35, are not significant even at 0.05 level of confidence. Hence no two group differ each other.

TABLE-3, MEAN SCORES OF POPULARS, NEGLECTEES, ISOLATES AND REJECTEES ON THE VARIABLE OF IMPULSIVENESS

S.No.	Groups	N	Mean	Percentage Mean	S.D.	Percentage S.D.
1.	Populars	100	12.63	42.10	3.92	13.06
2.	Neglectees	100	12.20	40.66	3.60	12.01
3.	Isolates	100	12.87	42.90	3.47	11.59
4.	Rejectees	100	13.05	43.50	3.81	12.72

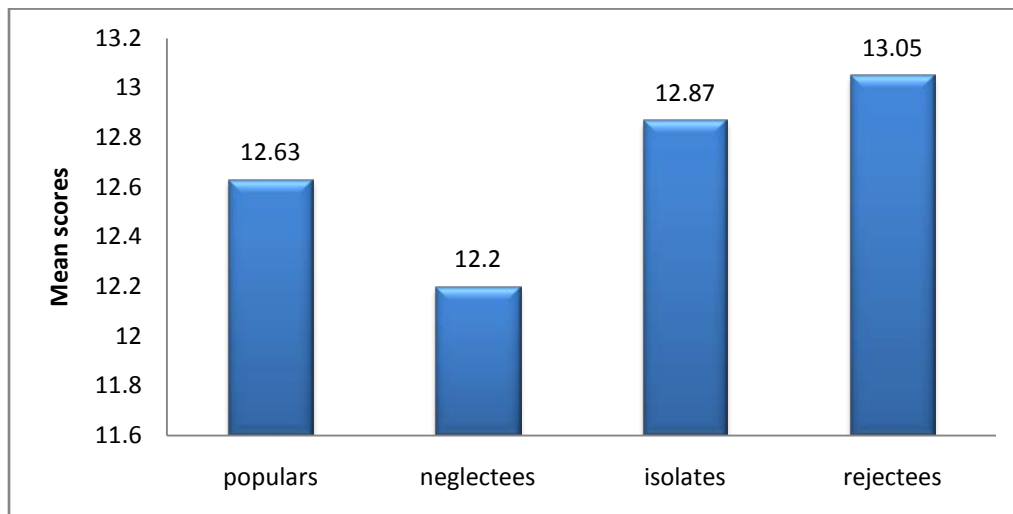


Fig. 1- Mean scores of populars, neglectees, isolates, and rejectees on the variable of Impulsiveness

Impulsiveness of Different Sociometric Groups among Secondary School Students

A look at table 3, shows that the mean score of populars is 12.63 and percentage mean is 42.10, negelectees having mean score of 12.10 and percentage mean is 40.66, isolates posses mean score of 12.87 and percentage mean 42.90 and rejectees are having mean score of 13.05 and percentage mean of 43.50. Rejectees posses highest mean on the variable of Impulsiveness.

Thus, the hypothesis **second** i.e., “*Significant difference will be found on the variable of Impulsiveness between two sociometric groups. (i.e., populars & negelectees, populars & rejectees, populars & isolates, negelectees & isolates, negelectees & rejectees, isolates & rejectees)*” is rejected.

MAIN FINDINGS OF THE STUDY

On the variable of Impulsiveness there was no significant difference among four Sociometric groups i.e., populars, negelectees, rejectees, isolates. Rejectees have the higher level of impulsiveness than populars, negelectees and isolates.

No Significant difference was found on the variable of Impulsiveness between two Sociometric groups. i.e., populars & negelectees, populars & rejectees, populars & isolates, negelectees & isolates, negelectees & rejectees, isolates & rejectees.

SUGESSTIONS FOR FURTHER RESEARCH

Findings of the present study, therefore, opens up certain avenues for further research.

- In the present research, only four sociometric groups namely the groups of populars, negelectees, rejectees, and isolates are taken up. It is suggested that research may also be done on some other sociometric groups such as groups of below average students, average students and above average students.
- The sample in the present study consisted of 100 subjects from each category taken from random selected schools of Aligarh. It is suggested that research may be tried on a larger sample, which may be taken from one or more states of the country.
- This study is based on sociometric groups of secondary school students only. It is suggested that research studies may be conducted on primary school students and senior secondary school students. The Sociometric groups are taken only from the girls, it is

Impulsiveness of Different Sociometric Groups among Secondary School Students

suggested that boys may also be taken up or comparison of boys and girls may be made to make study more comprehensive.

- For further researches, the researchers may take different combination of variables for the study of sociometric groups. The variables which have been taken in this study may also be used to study on other sociometric groups like above average, average, below average and cliques etc. The same variables or the combination of the same variables may be taken to study different interpersonal relationships.

SUGGESTIONS FOR TEACHERS

- Since a teacher has to deal with groups for five six periods daily, he should have adequate understanding of dynamics of groups. So that the forces of the group could be utilized for making teaching-learning process effective and for providing better guidance for adjustment.
- The teacher should encourage the populars and give them more work so that their energies could be utilized for the betterment. The quality of leadership and co-operation may be developed among them. Human leadership resources in a class can be surveyed by the teacher with the help of students, and a panel of experts can be ready to help any pupil requesting it (**Fox & Luszki, 1966**).
- In this investigation, one or two isolates have been found in almost all the classes. The teacher should try to find out the causes of their isolation. The teacher may select few students from the class who show least aversion to the isolates and form occasional groups, small in size, of isolates and other promising classmates. The groups should be asked to work together on a task, in which the isolates have some hope of success. Success breeds success. Finding a measure of success, the isolates may throw some of the difference that made them unpopular. The improved morale derived from satisfactory social relationships in the classroom helps create in the students a favourable attitude towards the learning experience and towards the school (**Gronlund, 1965**).
- The teacher should pay proper attention on the group of isolates also. Their low general mental alertness may be one of the possible causes for their isolation. The teacher should try to find out the other causes also which make them isolated. The teacher may take the help of popular students to encourage isolates to participate in group activities so that they could consider themselves as part and parcel of the class, school & ultimately the

Impulsiveness of Different Sociometric Groups among Secondary School Students

society and live as active member of the society. There are some projects or work that really require group action and involve a number of different kinds of skills. The isolates may receive much help if allowed to work with a group (**Blair & Jones, 1975**).

Thus, the teacher should develop cordial and intimate social interaction within the students in order to create healthy and educative atmosphere in the class as well as in the society.

REFERENCES

- Barratt, E.S. (1965). Factor analysis of some psychometric measures of impulsiveness and anxiety psychological reports 16, 547-554.
- Barratt, E. S. (1994). Impulsiveness and aggression. In J. Monahan & H. J. Steadman (Eds.), *Violence and mental disorder: Developments in risk assessment* (pp. 61–78). Chicago: University of Chicago Press.
- Blair, G.M., Jones, R.S. & Simpson, R.H.(1968). *Educational psychology*, New York, Macmillan Publishing Co.Inc., PP. 313-320.
- Campbell, A. (2006). Sex differences in direct aggression: What are the psychological mediators? *Aggression and Violent Behavior*, 11, 237-264. doi:10.1016/j.avb.2005.09.002
- Corsini,R.J. (1999). *The dictionary of psychology*, Psychology Press, ISBN 158391028X, pp. 476.
- Eysenck,S.B. & Eysenck,H.J. (1977). The place of impulsiveness in a dimensional system of personality description. *Journal of social clinical psychology*. Vol.16(1), pp.57-68.
- Eysenck, S. B. J., Pearson, P. R., Easting, G., & Allsop, J. F. (1985). Age norms for impulsiveness, venturesomeness and empathy in adults. *Personality and Individual Differences*, 6, 613–619.
- Forsyth,D.R. (2006). *Group dynamics*. Wadsworth, cenage learning. U.S.A. Fifth edition. pp.No.1.
- Fox, R. & Luszki, M.B.(1966). *Diagnosing classroom learning environments*, Chicago. Science Research Associates.
- Gronlund, N.E.(1965). Society and improved social relations in the classroom. *High school Journal*. Vol.48, pp. 186-203
- Lorenzo-Chávez.K, Schneider.B.H, Alvarez-Valdivia.I.M, Pérez-Luján.D, Becali-Puerta.L, Sanz.Y.A. (2011). Social Reputation and Children's Adjustment in a very Collectivistic Society: A longitudinal exploration. *Caribbean Journal of psychology*, Cuba. Vol. 4, issue 1.
- Moreno, J. L. (1934). Who shall survive? A new approach to the problem of human interrelations. *Nervous and Mental Disease Monograph Series*, No. 58. Washington, D.C.: Nervous and Mental Disease Publishing Co.
- Malik, S. (1978). A sociometric study of personality patterns of adolescent girls as measured through free expression drawings. Unpublished M.ed. dissertation, Punjab University, Chandigarh.

Impulsiveness of Different Sociometric Groups among Secondary School Students

- Parker, J. D. A., & Bagby, R. M. (1997). Impulsivity in adults: A critical Review of measurement approaches. In C. D. Webster & M. A. Jackson (Eds.), *Impulsivity: Theory, assessment, and treatment* (pp. 142–157). New York: Guilford Press.
- Parren,S.;Vonwyl,A.;Stadelmann,S. & Burgin,D. (2006). Association between behavioral /emotional difficulties in kindergarten children and the quality of their peer relationships. *Journal of American child adolescent psychiatry*. Vol.45. 867-876.
- Poulin, F. & Dishion, T.J. (2008). Methodological Issues in the Use of Peer Sociometric Nominations with Middle School Youth. *Journal of Pub.Med.* doi: [10.1111/j.1467-9507.2008.00473.x](https://doi.org/10.1111/j.1467-9507.2008.00473.x). Vol. 17(4): Page No. 908.
- Rai, S.N. & Sharma, A. (1988). Impulsiveness scale. National psychological corporation. Agra
- Sharma,A. (1970). Hand book on sociometry for teachers and counselors, NCERT, New Delhi, Buch survey, Vol.1.
- Strüber, D., Luck, M., & Roth, G. (2008). Sex, aggression and impulse control: An integrative account. *Neurocase*, 14(1), 93-121. 10.1080/13554790801992743
- Wallien, S.C.; Veenstra, R.; and Cohen-Kettenis, P.T. (2009). Peer Group Status of Gender Dysphoric Children: A Sociometric Study. *Journal of Pub. Med.* doi: [10.1007/s10508-009-9517-3](https://doi.org/10.1007/s10508-009-9517-3). 553–560
- Wilson,B.J. (2006). The entry behavior of aggressive/rejected children: The contributions of status and temperament. *Social development*, 15, 463-479.

The Use of 'F'-Word among High School Students

Chetan S.V.¹, Atiya Fathima²

ABSTRACT

The study investigated the usage of the F-Word among high school students. It also studied the various factors influencing them to use the word. The sample consisted of 200 students-100 boys and 100 girls, of 10th grade from different schools in North and South Bangalore. The participants provided their demographic details and completed the F-Word Survey Questionnaire. Descriptive statistics were performed to analyze the data. The results suggest that, on an average, 73.5% of 10th grade students have reported to use the F-Word. The percentage of boys is more than the girls, with respect to the usage of the F-Word. The reasons for using the F-word, in the ascending order of most no. of responses, were- anger/frustration, difficulty in using a decent word instead of the F-Word, peer influence, movie/TV/music influence, the feeling of 'grown up', fun factor, trend factor, to abuse, and parental/family influence. Girls use the F-Word more due to anger or frustration, difficulty in using a decent word to express their thoughts, the feeling of 'grown up' and parental or family influence, than boys. Also, boys are more influenced by peers, movie/TV/music, fun and trend factors and use the F-Word to abuse, than girls. It was also found that students use the F-Word more in Texting (SMS) than on social networking sites, email and chat rooms. The results also suggest that, on an average, 27.89% of students have reported that their parents are aware of their children using the F-Word. And, 55.88% of students have reported that the F-word usage is inappropriate of their age. On an average, 26.5% of students do not use the F-Word. The percentage of girls who do not use the F-Word is higher than the boys.

Keywords: *F-word, Swearing, High school students*

Swearing exists in all human languages as a mode of communication. The F-Word is an English word that is generally considered vulgar which, in its most literal meaning, refers to the act of sexual intercourse. However, it may be used to negatively characterize anything that can be dismissed, disdained, defiled, or destroyed. The word's use is considered obscene in social contexts, but may be common in informal and domestic situations. It is unclear whether the word has always been considered vulgar, and if not, when it first came to be used to describe (often in an extremely angry, hostile or belligerent manner) unpleasant circumstances or people in an intentionally offensive way.

¹Lecturer in Psychology, Surana College, South-End Road, Bangalore

²Assistant Professor and Head, Department of Psychology, Surana College, South-End Road, Bangalore

The Use of 'F'-Word among High School Students

The Oxford English Dictionary states that the ultimate etymology is uncertain, but that the word is "probably cognate" with a number of native Germanic words with meanings involving striking, rubbing, and having sex. The highly profane term remains a taboo word to many people in many countries, while others feel the word remains inappropriate in social etiquette. The word also carries a sacrilegious connotation to some. It is considered highly offensive to utter the word in the presence of children. Some instances of the word can be taken at face value. This term is but one of a number of words an individual could use to express an important meaning. The usage of the F-word is not uncommon in the Indian movies too.

This study has relevance to the present day Indian cultural and educational scenario, where many of the youngsters follow the western trends, with easy access to internet, mobile phone services and foreign movies and television shows. The present study aims to find out the number of students who use the F-word and the various factors influencing the students to use the F-word among 10th standard boys and girls across Bangalore.

According to the website 'Reppler', 47% of Facebook users have profanity on their wall. 80% of the users who have profanity on their Facebook Wall have at least one post/comment with profanity from a friend. 56% of the posts/comments with profanity on a user's Facebook Wall come from friends. Users are twice as likely to use profanity in a post on their Facebook Wall, versus a comment. Whereas friends are twice as likely to use profanity in a comment on a user's Facebook Wall, versus a post. The most common profane word is derivations of the "f-word".

The above stated studies indicate that there has been less research concerning the use of the F – Word among high school students, especially in the Indian context.

METHOD:

Objectives:

- To study the various factors influencing the students to use the F-word
- To determine the gender differences in the usage of the F-word.

Sample:

The participants for this study were 200 students-100 boys and 100 girls, aged between 14 and 16 years, with a mean age of 14.78 years (SD=0.56) of 10th grade from different schools (with the request from different school authorities, the names of the schools have not been mentioned) in the North and South zones of Bangalore, India. Simple Random Sampling Procedure was used to obtain the data.

Design:

The research designs employed in this study are sample survey, and ex-post facto design which is exploratory in nature.

The Use of 'F'-Word among High School Students

Materials:

The study was conducted using the F-Word Questionnaire designed by the researcher to obtain quantitative and qualitative responses. The questionnaire consists of twelve main questions with twenty sub-questions, including four qualitative questions that require the subjects to write about the parents' reaction, other specific reasons for using the f-word, reasons for not using the F-word, and other swear/cuss words they use. The quantitative questions focus on the frequency of the usage of the F-word, reasons for using it, people with whom the students use the F-word, and whether they use it on social networking sites, while Texting, etc.

Procedure:

The principals/heads of various in North and South zones of Bangalore were approached to obtain the authorization to conduct the study. The purpose of the study was briefed and rapport was established. Socio-demographic details were collected in the data sheet prepared, and was followed by the instructions separately to answer the survey questionnaire. The subjects and the principals of the respective colleges were thanked for their co-operative participation.

RESULTS AND DISCUSSION:

The data collected were scored and a master sheet was prepared. The scores were analyzed using descriptive statistics comprising of percentages to determine the usage of the F-Word among school students.

Table-1, The no. of students who have reported to use the F-Word

Total no. of Students	Average %	No. of Boys	%	No. of Girls	%
147	73.5	79	79	68	68

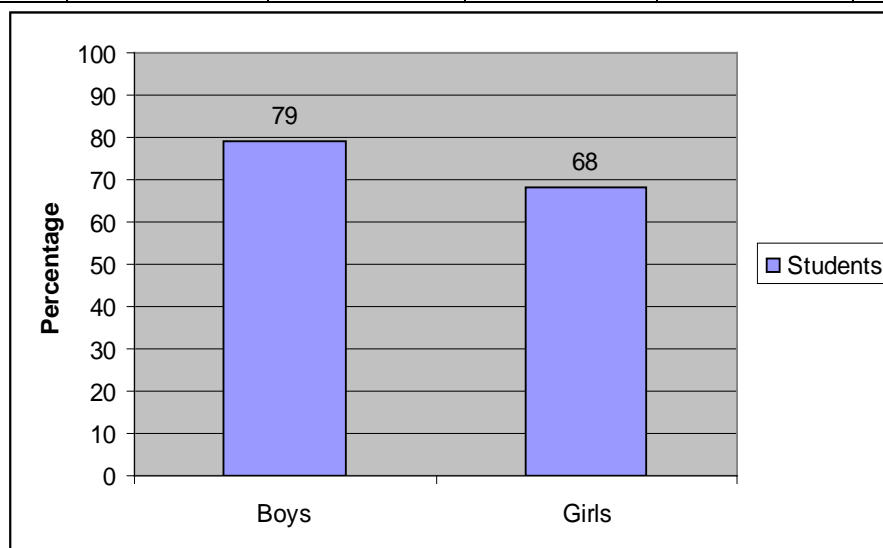


Fig-1. The percentage of Boys and Girls who use the F-Word

The Use of 'F'-Word among High School Students

An observation of Table-1 reveals the no. of students who have reported to use the F-Word. Out of 200 students who were administered the F-Word Questionnaire, 147(73.5%) students have reported to use the F-Word. 79(79%) out of 100 boys and 68(68%) out of 100 girls use the F-Word. This implies that the percentage of boys is more than the percentage of girls who use the F-Word.

Table-2:., Reasons/ Factors influencing students to use the F-Word

	Total no. of Students	Average %	No. of Boys	%	No. of Girls	%
Peer Influence	51	34.69	31	39.24	20	29.41
Movie/TV / Music/ Influence	49	33.33	27	34.17	22	32.35
Fun Factor	41	27.89	29	36.70	12	17.64
Trend Factor	34	23.12	21	26.58	13	19.11
To Abuse	32	21.76	18	22.78	14	20.58
Anger/Frustration	105	71.42	51	64.55	54	79.41
Difficulty in using a decent word	54	36.73	24	30.37	30	44.11
The feeling of 'grown up'	48	32.65	23	29.11	25	30.76
Parental/Family Influence	9	6.12	4	5.06	5	7.35

The Use of 'F'-Word among High School Students

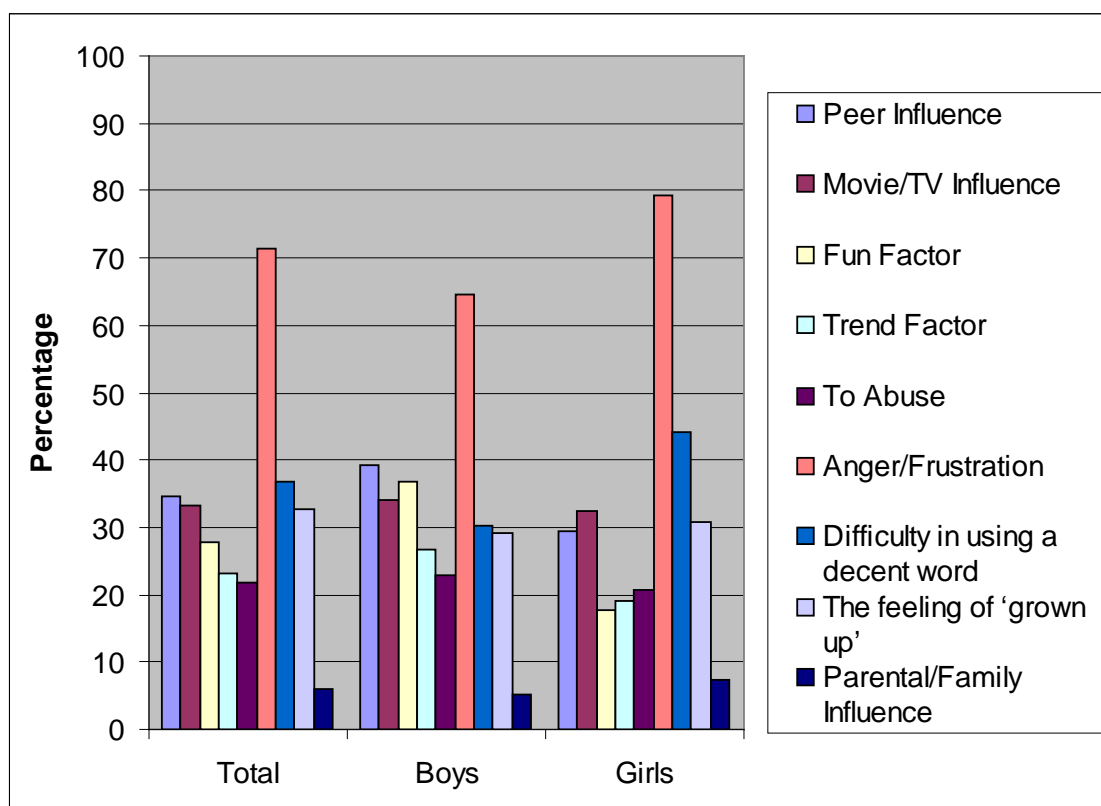


Fig-2. The percentage of reasons/factors influencing students to use

An inspection of Table-2 shows the various reasons or factors influencing students to use the F-Word. The most often reported reason for using the F-Word by students is anger or frustration. 105(71.42%) of 147 students, 51(64.55%) of 79 boys and 54(79.41%) of 68 girls use the F-Word when they are angry or frustrated. The second most often reported reason for using the F-Word is difficulty in finding a decent word. 54(36.65%) students, 24(30.37%) boys and 30(44.11%) girls have mentioned that they have difficulty in using a decent word instead of the F-word.

Peer Influence is one of the reasons why students use the F-Word. 51(34.69%) of 147 students out of which, 31(39.24%) of 79 boys, and 20(29.41%) of 68 girls who use the F-Word, are influenced by their friends and classmates. Movies/Tv/Music play a role in influencing students to use the F-Word. The no. of students influenced by movies/TV/music are 49(33.33%), out of which, 31(39.24%) are boys and 27(34.17%) are girls. The feeling of 'grown up' is also one of the reasons why students use the F-word. 48(32.65%) students, of which, 23(29.11%) boys and 25(30.76%) girls, feel that they are no longer kids, and hence use the F-Word. 41(27.89%) students use the F-Word for fun, out of which, 29(36.70%) are boys and 12(17.64%) are girls. 34(23.12%) students, 21(26.58%) boys and 13(19.11%) girls, have reported that they use the F-word because of the trend where they are considered 'cool'. 32(21.76%) students use the F-Word to abuse, out of which, 18(22.78%) are boys and 14(20.58%) are girls. Parental/family influence is the least reported factor that has influenced students to use the F-word. Only 9(6.12%) of 147

The Use of 'F'-Word among High School Students

students, 4(5.06%) of 79 boys and 5(7.35%) of 68 girls have reported to have been influenced by parents or other family members.

The above data indicate that, girls use the F-Word more due to anger or frustration, difficulty in using a decent word to express their thoughts, the feeling of 'grown up' and parental or family influence, than boys. Also, boys are more influenced by peers, movie/tv/music, fun and trend factors and use the F-Word to abuse, than girls. The no. of boys who are influenced by peers, use the F-word with their friends more than the girls. Similarly, boys who use the word for fun and trend factors also use it with their classmates and stranger more than girls.

Table-3:, The media in which students use the F word other than in spoken form

	Total no. of Students	Average %	No. of Boys	%	No. of Girls	%
Social Networking Sites	64	43.53	33	41.77	31	45.58
SMS (Texting)	77	52.38	41	51.89	36	52.94
Exam Answer script	8	5.44	3	3.79	5	7.35
Emails/Chatting	39	26.53	24	30.37	15	22.05

The Use of 'F'-Word among High School Students

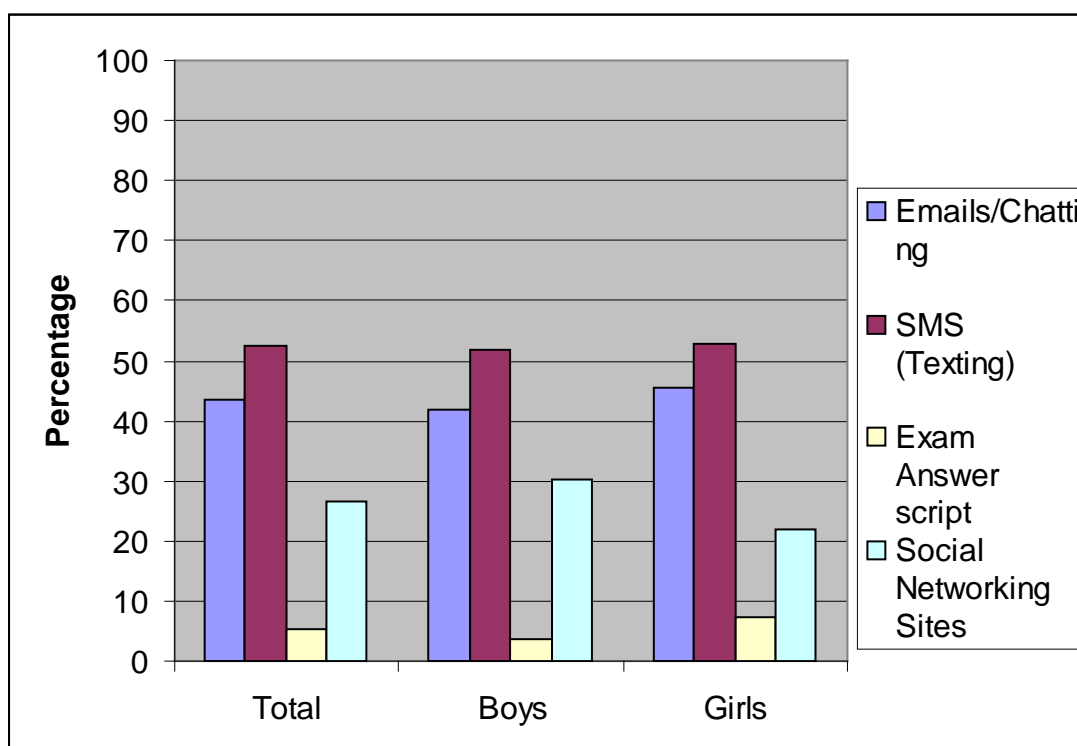


Fig-3. The percentage of students who use the F-Word in different media

An observation of Table-3 shows the various media in which students use the F-Word. 77(52.38%) of 147 students, 41(51.89%) of 79 boys and 36(52.94%) of 68 girls use the F-Word while Texting(SMS). 64(43.53%) students, 33(41.77%) and 31(45.58%) girls use the F-Word on social networking sites. 39(26.53%) students-24(30.37%) boys and 15(22.05%) girls use the F-Word in e-mails and while chatting. It is quite surprising that, 8(5.44%) students, including 3(3.79%) boys and 5(7.35%) girls use the F-Word in their test/exam answer scripts.

The data above indicate that, mobile phones and social networking sites have an impact on students' usage of the F-Word. This could be because; people with various backgrounds and nationalities come together on social networking sites and chat rooms, thus making it a trend to use the F-Word as a common word to express the thoughts. This can be attributed to the fact that, the second most often reported reason for using it is the difficulty in finding a decent word instead of it, and also the trend factor and the feeling of 'grown up' contribute to the frequent usage of the F-Word on social networking sites, e-mail, and while chatting and Texting(SMS).

Table-4: No. of Students who use the F-Word when parents/teachers are around

Total no. of Students	Average %	No. of Boys	%	No. of Girls	%
26	17.68	11	13.92	15	22.05

The Use of 'F'-Word among High School Students

Table-5:*No. of students whose parents are aware of their children's usage of the F Word*

Total no. of Students	Average %	No. of Boys	%	No. of Girls	%
41	27.89	17	21.51	24	35.29

Table-4 and Table-5 show the no. of students who use the F-Word when parents/teachers are around, and the no. of students whose parents are aware of their children's usage of the F-Word, respectively. 26(17.68%) of 147 students including 11(13.92%) of 79 boys and 15(22.05%) of 68 girls use or have used when their parents/teachers are/were around. On an average, 41(27.89%) of 147 students' parents are aware that their children use the F-Word. 17(21.51%) of 79 boys' and 24(35.29%) of 68 girls' parents know their children use the F-Word. The Qualitative reports of the students indicate that, when they used the F-Word when their parents were around, 42.30% of the parents did not react and ignored it, 34.61% of parents criticized them, and 23.07% of parents asked their children not to use the word thereafter.

Table-6:*No. of students who feel that the usage of the F-word is inappropriate of their age*

Total no. of Students	Average %	No. of Boys	%	No. of Girls	%
84	57.14	46	58.22	38	55.88

An inspection of Table-6 shows the no. of students who feel that usage of the F-Word is inappropriate of their age. 84(57.14%) of 147 students, 46(58.22%) of 79 boys and 38(55.88%) of 68 girls, feel that using F-Word is not appropriate for their age.

The data indicate that although many students feel that using the F-Word is not appropriate for their age, they still use it for various reasons mentioned earlier in Discussion-3. This could be because; the students neither want to be left out, nor be the 'odd ones out' when they are in a group of cohorts/peers who use the F-Word (as indicated in the qualitative report of 'other reasons for using the F-Word').

The no. of students who have not reported to use the F-word are 53(26.5%), out of which, 21(21%) are boys and 32(32%) are girls. From the qualitative responses, the reasons for not using the F-Word are that; 21(39.62%) students have reported that they do not know the meaning of the meaning of the F-Word. 17(32.07%) students have mentioned that they do not want to hurt people, as they feel that the F-word is offensive and abusive. 8(15.09%) students have said that they come from conservative and cultured families, and hence they do not use the F word. 7(13.20%) students feel that using the F-Word is unsophisticated.

SUMMARY AND CONCLUSIONS:

Overall, this study was aimed at investigating the number of high school students who use the F-Word. The following conclusions are drawn based on this study.

1. On an average, 73.5 % of 10th grade students use the F-Word in Bangalore. Gender differences exist, as 79% of boys and 68% of girls use the F-Word.
2. The more often reported reasons for using the F-Word are that of anger and frustration, and difficulty in using a decent word. 71.42% of students use the F-Word due to anger or frustration, and 36.73% of students use it because of difficulty in using a decent word instead of the F-Word.
3. 52.38% of students use the F-word while Texting (SMS) and 43.53% of them use it on social networking sites.
4. On an average, 17.68% of students use the F-Word when parents and teachers are around, and 27.89% of parents are aware of their children's usage of the F-Word.
5. 57% of students, who use the F-Word, feel that the usage of the F-Word is inappropriate of their age.
6. On an average, 26.5% of students do not use the F-Word, of which 21% are boys and 32% are girls.

IMPLICATIONS:

This study provides an insight into the present generation of adolescents' use of swear words that determine their values and socio-cultural influences. This study can be used by educational institutes and parents to make them aware of their children's usage of such words and to control the overt usage of the F-Word or any other swear words, as swearing is considered an act of misconduct, especially with children. The impact of the F-Word and other swear words on children's behavior and attitudes toward their parents, teachers and elders, and their peer group can be explored. Also, the effect and impact of media on children to use swear words can be studied.

REFERENCES

- Jay, T. (2009). The Utility and Ubiquity of Taboo Words. *Perspectives on Psychological Science*, 4, 153-161.
- Sheidlower, J. (1999). *The F-Word*. New York: Random House.
- Sutherland, S. (2007). "What the Fuck? Curse Word Band Names Challenge the Music Industry", *Exclaim!* Magazine.
- "Fuck.", OED Online. (2008). Draft Revision. Oxford University Press.
- Reppler Blog, Retrieved 18 June, 2011, from <http://blog.reppler.com/2011/05/23/47-of-facebook-users-have-profanity-on-their-wall/>

Gibson's Ecological Theory of Development and Affordances: A Brief Review

Mina Khatibi¹, Razieh Sheikholeslami²

INTRODUCTION

This review describes the key ideas of the influential psychologist Eleanor J. Gibson, developed over 70 years of research with infants, children, adults, and a wide range of nonhuman species. Gibson's ecological approach to perceptual learning and development describes how perception—extracting meaningful information from the environment to guide actions adaptively—improves with experience, the acquisition of new means of exploration, and the development of new perception-action systems (Adolph and Kretch).

The Gibson's ecological theory is a theory of human development that was created by American psychologist Eleanor J. Gibson during the 1960s and 1970s. Gibson emphasized the importance of environment and context in learning. Perception is important because it allows humans to adapt to their environment. Gibson stated that children learn to detect information that specifies objects, events, and layouts in the world that they can use for their daily activities (Miller, 2002).

Gibson built her theory of perceptual learning over a 70-year research career. She published her first paper on perceptual learning in 1932 and her last book in 2002 (Gibson, 2002). It is Gibson's emphasis that the *foundation* for perception is ambient, ecologically available information – as opposed to peripheral or internal sensations – that makes Gibson's perspective unique in perceptual science in particular and cognitive science in general (Gibson, 1966).

Her theory is consistent with but not identical to James Gibson's (1979) ecological approach to perception. Although the Gibsons were married and shared many arguments and ideas about perceptual learning and development, they wrote only five articles together (E. J. Gibson, 2002). Thus, in this review, "Gibson" refers to Eleanor Gibson unless otherwise noted. Gibson's 1969 book, *Principles of Perceptual Learning and Development*, described her theory in detail and jump-started a new field of inquiry.

¹PhD Student, Department of Educational Psychology, Shiraz University, Dubai, UAE

²Professor of Educational Psychology, Shiraz University, Shiraz, Iran

AFFORDANCES

Gibson developed the affordance concept to complement his theory of direct perception that stands in sharp contrast with the prevalent inferential theories of perception. A comparison of the two approaches shows that the distinction between them also has an ontological aspect (Dotov, Nir, and de Wit, 2012).

Above all, what animals learn to perceive are affordances for action (E. J. Gibson, 1980, 1982, 1992; 2000). Affordances are possibilities for action, what the environment offers the animal (J. J. Gibson, 1979). Possibilities for action depend on the fit between the animal's bodily capabilities and the physical properties of the environment.

An affordance cuts across the dichotomy of subjective-objective and helps us to understand its inadequacy. It is equally a fact of the environment and a fact of behavior. It is both physical and psychical, yet neither. An affordance points both ways, to the environment and to the observer (Gibson, 1979)

Gibson used experimental procedures while also attempting to retain ecological validity by simulating important features of the child's natural environment. In keeping with the idea of affordances, Gibson tried to provide multimodal stimulation for infants in these experiments (multiple kinds of objects, faces, or surfaces, for example) and ways of obtaining feedback through movement and exploration (Miller, 2002)

One of Gibson's well-known perceptual experiments involved the construction of a "visual cliff," simulating a real cliff. Gibson and Walk (1960) placed infants near the cliff and placed mothers on the other side of the cliff. They found that infants perceived depth and were unwilling to crawl over the cliff at approximately 6–7 months. Later experiments showed that 12-month-old infants had learned to use their mothers' facial expressions as signals of potential affordances. If mothers smiled, infants were more likely to crawl over the "dangerous" cliff, but if mothers made a frightened face, infants avoided the cliff (Sorce, Emde, Campos, & Klinnert, 1985).

Gibson's theory of perception is *information-based* rather than sensation-based and to that extent, an analysis of the environment (in terms of affordances), and the concomitant specificational information that the organism detects about such affordances, is central to the ecological approach to perception. Throughout the 1970s and up until his death in 1979, Gibson increased his focus on the environment through development of the theory of affordances - the real, *perceivable* opportunities for action in the environment, that are specified by *ecological information* (Mace, 1977).

Gibson's Ecological Theory of Development and Affordances: A Brief Review

In Gibson's view, the information at receptors is sufficient to support complete percepts from the start, and thus animals needn't learn to perceive; rather, they perceive to learn (E. J. Gibson, 1989). Gibson asserted that development was driven by a complex interaction between environmental affordances and the motivated humans who perceive them. For example, to an infant, different surfaces "afford" opportunities for walking, crawling, grasping, etc. As children gain motor skills, they discover new opportunities for movement and thus new affordances (Miller, 2002). The more chances they are given to perceive and interact with their environment, the more affordances they discover, and the more accurate their perceptions become.

Gibson identified four important aspects of human behavior that develop (Gibson and Pick, 2000):

Agency: Self-control, intentionality in behavior. Agency is learning to control both one's own activity and external events. Babies learn at an early age that their actions have an effect on the environment. For example: Babies were observed kicking their legs at a mobile hanging above them. They had discovered their kicking made the mobile move.

Prospectively: Intentional, anticipatory, playful, future-oriented behaviors. For example: A baby will reach out to try and catch an object moving toward them because the baby can anticipate that the object will continue to move close enough to catch. In other words, the baby perceives that reaching out his/her hand will afford him/her to catch the object. **Search for order:** Tendency to see order, regularity, and pattern to make sense of the world. For example: Before 9 months, infants begin to recognize the strong-weak stress patterns in their native language.

Flexibility: Perception can adjust to new situations and bodily conditions (such as growth, improved motor skills, or a sprained ankle). Examples: Three-month-old infants lying under a mobile had a string attached to their right leg and then to the mobile so that when they moved their leg the mobile would move. When the string was switched to the left legs, the infants would easily shift to moving that leg to activate the mobile.

Gibson's theory has been criticized for its "unclear account of cognition" (Miller, 2002). Gibson's theory pertains to direct perception and does not take into account that behaviors may involve indirect, interpretive cognition. Gibson's methodology involves an expensive and complicated experimental set up, which may prove cost- and time-prohibitive for many researchers. Finally, Gibson's research was almost exclusively confined to infants and very young children, so it is difficult to make generalizations throughout the lifespan.

Aside from her own writings, Gibson's work is rarely described as a theory of development. When Gibson's primary area of research, affordances, is referenced, the citations typically refer only to James Gibson (Michaels, 2003). Gibson is credited with popularizing

affordances in perceptual research. However, unlike Gibson, researchers have studied affordances in all age groups, including adults.

CONCLUSION

Gibson's theory of learning extends beyond perception and the hallmarks of human behavior. Many psychologists think of cognition exclusively in terms of problem solving, reasoning, conceptualizing, remembering, and so on. However, Gibson (1991) points out that these processes, like the hallmarks of behavior, "begin with and depend on knowledge that is obtained through perception". Given that Gibson's tenet was that "perception is based on information, not on sensations", his work and that of his contemporaries today can be seen as crucial for keeping prominent the primary question of *what* is perceived (i.e., affordances, via information) – before questions of mechanism and material implementation are considered.

REFERENCES

- Adolph, K.E. and Kretch, K.S. Gibson's theory of perceptual learning. New York University: <http://psych.nyu.edu/adolph/publications/AdolphKretch-inpress-GibsonTheory.pdf>. (Accessed on 28/07/2014.)
- Dotov, G.D., Nir, L., and de Wit, M.M. (2012) Understanding affordances: history and contemporary development of Gibson's central concept. *AVANT* Volume III, Number 2/2012. www.avant.edu.pl/en29.
- Gibson, E. J. (1969). *Principles of perceptual learning and development*. New York: Appleton-Century Crofts.
- Gibson, E. J. (1980). Eleanor J. Gibson. In G. Lindzey (Ed.), *A history of psychology in autobiography* (Vol. 7, pp. 239-271). San Francisco: W H Freeman & Co.
- Gibson, E. J. (1982). The concept of affordances in development: The renaissance of functionalism. In W. A. Collins (Ed.), *The concept of development: The Minnesota Symposia on Child Psychology* (Vol. 15, pp. 55-81). NJ: Lawrence Erlbaum Associates.
- Gibson, E. J. (1989, July). Learning to perceive or perceiving to learn? Paper presented to the International Society for Ecological Psychology, Oxford, OH.
- Gibson, E. J. (1991). *An odyssey in learning and perception*. Cambridge, MA: MIT Press.
- Gibson, E. J. (1992). How to think about perceptual learning: Twenty-five years later. In H. L. Pick, P. van den Broek & D. C. Knill (Eds.), *Cognition: Conceptual and methodological issues* (pp. 215- 237). Washington, D. C.: American Psychological Association.
- Gibson, E. J. (2002). *Perceiving the affordances: A portrait of two psychologists*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Gibson, E. J., & Pick, A. D. (2000). *An ecological approach to perceptual learning and development*. New York: Oxford University Press.
- Gibson, E.J.; Walk, R.D. (April 1960). "Visual Cliff". *Scientific American*.

Gibson's Ecological Theory of Development and Affordances: A Brief Review

- Gibson, J. J. (1966). *The Senses Considered as Perceptual Systems*, Boston: Houghton Mifflin, p. 21.
- Gibson, J. J. (1966). *The senses considered as perceptual systems*. Boston: Houghton-Mifflin.
- Gibson, J. J. (1979). *The ecological approach to visual perception*. Boston: Houghton Mifflin Company.
- Gibson, J. J., Jack, E. G., & Raffel, G. (1932). Bilateral transfer of the conditioned response in the human subject. *Journal of Experimental Psychology*, 15 (416-421).
- Mace, W. M. (1977). James J. Gibson's strategy for perceiving: Ask not what's inside your head, but what your head's inside of. In R. E. Shaw & J. Bransford (Eds.), *Perceiving, acting, and knowing*. Hillsdale, NJ: Erlbaum.
- Michaels, C. F. (2003). Affordances: Four points of debate. *Ecological Psychology*, 15, 135-148.
- Miller, P. (2002). *Theories of Developmental Psychology* (4th ed.). New York, NY: Worth Publishers.
- Sorce, J. F., Emde, R. N., Campos, J., & Klennert, M. D. (1985) Maternal emotional signalling: Its effect on the visual cliff behavior of 1-year-olds. *Developmental Psychology*, 21, 195-200.

Type of Education, Locus of Control and Optimistic - Pessimistic Attitude among Undergraduate College Students

Mr. Vinayak M. Honmore¹, Dr. M. G. Jadhav²

ABSTRACT

The type of education and locus of control are significant variables in forming optimistic-pessimistic attitude among students. The main aim of the present study, therefore, was to study the effect of type of education and locus of control on optimistic- pessimistic attitude of undergraduate college students. The other objectives were to find out whether arts-commerce and science students differ in their locus of control as well as to examine the relationship between locus of control and optimistic-pessimistic attitude. An incidental (quota) sample of 160 students from different colleges in Islampur and Sangli city was selected for this study, in which 80 students were from arts-commerce faculty and 80 students were from science faculty. Each group comprised 40 male and 40 female students. The age range of students was from 18 to 20 years ($M = 18.6$ and $SD = 0.7$ yrs). Optimistic-Pessimistic Attitude Scale developed by Parashar (1998) and Locus of Control Scale (LOC Scale) prepared by Singh and Bhardwaj (2010) were used for collecting the information. The data were analyzed by testing the significance of mean difference and calculating coefficient of correlation. The results reveal that, arts-commerce and science students differ significantly on optimistic-pessimistic attitude and locus of control. Science students were more optimistic than arts-commerce students. Also students with internal locus of control were more optimistic than students with external locus of control. Moreover, science students have internal locus of control than arts-commerce students. Furthermore, internal locus of control was positively and significantly correlated with optimistic attitude.

Keywords: *Type of Education, Locus of Control, Optimistic-pessimistic Attitude, Undergraduate College Students*

College life is crucial stage of any student's life. It is the age of acquiring knowledge and skills as well as forming right attitudes. How much student feels hopeful and confident about his career and life is largely depend upon the type of education being received and the way he/she thinks about his/her future. Thus, the type of education selected by the students and his/her attitude plays significant role in students' life.

¹Asst. Prof, Dept of Psychology, Smt. M. G. Kanya Mahavidyalaya, Sangli (Maharashtra)

²Asso. Professor and Head, Dept. of Psychology, K .B. P. College, Urun-Islampur. Dist: Sangli (Maharashtra)

OPTIMISTIC-PESSIMISTIC ATTITUDE

Attitudes in humans are generally expressed as positive and negative and they are often denoted by terms optimism and pessimism respectively. Optimism is a personality dimension which denotes that most situations work out in the end for the best. There are various personal and social outcomes of optimistic approach, which may include more achievement in any task and goal, higher level of life satisfaction, better health, and feeling of control over life. Optimists think that the world is a positive place as they believe people and events are inherently good and it is the expectations of positive outcome. As a result, this strong belief and positive attitude is helpful to deal with situations very effectively and successfully. Pessimism, on the other hand, is a tendency to stress the negative or unfavorable view. Pessimists perform more poorly in various places like school, work, and play than optimists. Pessimists have poorer resistance, weaker immune systems, are more susceptible to depression, and age physically faster than the optimists (Clark, 1997). It is also found that optimism is positively related with psychological well-being (Tadhy, Chelli, and Padiri, 2015)

LOCUS OF CONTROL

Locus of control (LOC) is said to be one of the major personality attributes influencing behavior. It is framework of Rottor's (1954) social-learning theory of personality. It refers to the extent to which individuals believe they can control events affecting them. It refers to whether individuals believe that they perceive inside factors or outside factors as responsible for what happens to them in their life (Clolinger, 2000). It is the individual's belief that the events of their lives are related to their own behavior. Thus, the effects of reward or reinforcement on preceding behavior depend in part on whether the individual perceives the reward as contingent on his own behavior or independent of it. It means that LOC may be either internal or external. An individual who believes that an outcome or reinforcement is a function of fate or chance, under the control of others, or unpredictable may be described as having an external belief of locus of control. The individual who expects an outcome or reinforcement to be contingent upon his or her own behavior may be described as having an internal belief of locus of control. Individuals with internal locus of control believe that the outcomes of their actions are result of their own abilities. They also believe that they can influence the work environments, whereas individuals with external locus of control believe that events which happen in their lives are controlled by factors beyond their control and even that their own action are a results of external factors, such as fate, luck, the influence of powerful others. Thus the LOC concept is based on the cause and consequence relationship and therefore, future expectations can be construed in terms of current behavior. Externals are less willing to take risks, to work on self-improvement and to better themselves through remedial work than internals. Internals are less prone to depression than externals, as well as being less prone to helplessness. Perhaps not surprisingly, those with an external locus of control are more susceptible to depression as well as other health problems, and

Type of Education, Locus of Control and Optimistic - Pessimistic Attitude among Undergraduate College Students

tend to keep themselves in situations where they will experience additional stress, feeling powerless to change their own circumstances, which just add to their stress load (Elizabeth 2007). Similar results are also found in some other studies (Gemmil and Heisler, 1972; Anderson et al, 1977).

TYPE OF EDUCATION

The concept ‘type of education,’ as used in this study, refers to the kind of educational course being pursued by the students of the given subgroups to which they belong. The students of this study are all under graduate college students in the first year of the degree courses. They are divided into two subgroups depending on faculties to which they belong. Thus the two subgroups of students are arts, commerce and science.

Type of Education, Locus of Control and Optimistic-Pessimistic Attitude

Education plays a very important role in the development of human being. As students enter in the college world by choosing a particular course they begin to behave, think according to education they receives. Also some personality attributes like optimistic-pessimistic attitude and locus of control also showed their powerful impact on their educational behavior. Thus, whether student forms optimistic or pessimistic attitude will largely depend on the type of education received by the students and his/her locus of control belief.

OBJECTIVE

The main objective of this study was to find out the difference between optimistic-pessimistic attitude of students in relation to type of education and locus of control. The other objective was to examine the difference between locus of control among arts-commerce and science students as well as to bring out the relationship between locus of control and optimistic-pessimistic attitude. The following hypotheses were formulated on the basis of these objectives.

HYPOTHESIS

1. There would be significant difference in optimistic-pessimistic attitude of arts-commerce and science students.
2. There would be significant difference in optimistic-pessimistic attitude of students with internal and external locus of control.
3. There would be significant difference in locus of control of arts-commerce and science students.
4. Internal locus of control and optimistic attitude would be positively and significantly correlated.

METHOD

Sample

The present study was conducted on a sample of 160 students selected from various Arts, Commerce and Science colleges of Sangli and Islampur city (Maharashtra), in which 80 students were from arts-commerce faculty and 80 students were of science faculty. Each group comprised of 40 male and 40 female students having age range from 18 to 20 years with a mean age of 18.6 years and SD of 0.7 years. They were studying in first year of degree course. Incidental (Quota) sampling method was used for selecting the sample.

Tools

Optimistic-Pessimistic Attitude Scales by Parashar (1998): It was used to measure optimistic and pessimistic attitude of the participants. The scale contained 40 statements which had two alternatives i.e. Agree or Disagree. Out of 40 statements 20 statements represent optimistic views and remaining 20 statements represents pessimistic views. If the response to an item is in keyed direction the respondent gets a numerical score of 1 (One). The total score for a given trait is simply the sum of the items checked in the keyed direction. High score represents optimistic attitude where low score indicates pessimistic attitude of the participants. The test-retest reliability is .74 and the face validity is .77.

Locus of Control Scale (LOC Scale): A Hindi version prepared by Singh and Bhardwaj (2010) of the Nowicki and Strickland's (1973) scale was used to measure internality-externality locus of control among participants. It contained 40 items with 'Yes' and 'No' response options. A numerical value of 1 (One) was granted to each item answered in keyed direction. Higher score indicates stronger belief in the externality of control. The split half and test-retest reliability of the scale was 0.86 and 0.88 respectively. The criterion validity was 0.892.

Procedure

The students, in a small group of 10-15 students at a time, were approached in their respective colleges with prior permission of the Principals for collecting the information. They were informed about the significance and objectives of the study and were requested to record their responses as per the instructions mentioned on these two scales. At the end, they were thanked for their cooperation in the present study.

RESULT

The first purpose of this study was to study the difference between optimistic-pessimistic attitude of arts-commerce and science students. The t value for the scores is presented in Table 1.

Table 1: Means, SDs and t value for the score of optimistic-pessimistic attitude among arts-commerce (n= 80) and science students (n=80).

Groups	Mean	SD	t value
Arts-Commerce Students	27.65	5.00	6.07**
Science Students	31.48	2.75	

** $p \leq 0.01$

The results presented in Table 1 depicts that t value is significant at 0.01 level, which indicates that the science students are high on optimistic attitude than arts-commerce students. Thus, the results supported the prediction made in hypothesis 1 of this study.

The second purpose of this study was to examine the difference between optimistic-pessimistic attitude among students with internal and external locus of control. At first, two groups - external LOC students and internal LOC students are formed by taking 'median' as a cut-off score for entire score distribution obtained of LOC scale. The descriptive statistics along with t value for the scores are presented in Table 2

Table 2: Means, SDs and t value for the scores of optimistic-pessimistic attitude among external LOC students (n= 80) and internal LOC students (n= 80).

Groups	Mean	SD	t value
External LOC Students	28.41	4.79	3.39**
Internal LOC Students	30.72	3.78	

** $p \leq 0.01$

The results presented in Table 2 shows that t value was significant at 0.01 level which showed significant difference in optimistic-pessimistic attitude of students with internal and external locus of control ($t = 3.39$). It indicates that students with internal locus of control are higher on optimistic attitude than the students with external locus of control. It supports the prediction made in hypothesis 2 of the study.

Type of Education, Locus of Control and Optimistic - Pessimistic Attitude among Undergraduate College Students

The third purpose of this study was to examine the difference between locus of control among arts-commerce and science students. The descriptive statistics and t value for the scores are presented in Table 3.

Table 3: Means, SDs and t value for the scores of locus of control among arts-commerce (n= 80) and science students (n=80).

Groups	Mean	SD	t value
Arts-Commerce Students	12.51	2.42	2.82**
Science Students	11.38	2.67	

** $p \leq 0.01$

The results presented in Table 3 shows that t value was significant at 0.01 level which showed significant difference in locus of control of arts-commerce and science students ($t = 2.82$). The science students have stronger belief in the internality of control than arts-commerce students. It supports the prediction made in hypothesis 3 of the study.

The fourth objective of the present study was to find out the relationship between internal locus of control and optimistic attitude. The correlation value is presented in Table 4.

Table 4: Correlation coefficient between internal locus of control and optimistic attitude (N=160).

Variables	Optimistic Attitude		
	Arts-Commerce Students	Science Students	All Students
Internal locus of control	-0.42**	-0.22**	-0.38**

** $P \leq 0.01$

The results presented in Table 4 shows that the relationship between the two variables i.e. internal locus of control and optimistic attitude was significant as $r = -0.38$ ($P \leq 0.01$). The faculty wise analysis also shows that the internal locus of control is significantly related to optimistic attitude of arts-commerce and science faculty students. Thus, the hypothesis 4 is supported by the results.

DISCUSSION

The main purpose of the study was to find out the difference between optimistic-pessimistic attitude of students in the relation to type of education and locus of control. It was also intended to study the difference between locus of control among arts-commerce and science students as well as to bring out the relationship between locus of control and optimistic attitude.

Type of Education, Locus of Control and Optimistic - Pessimistic Attitude among Undergraduate College Students

The results of the study supported the prediction made in hypothesis 1 that there was a significant difference in optimistic-pessimistic attitude of arts-commerce and science students. From Table 1 it can be seen that science students were high on optimistic attitude than their counterparts. The science course is considered more professional as compare to arts-commerce course. There are number of career opportunities for science students which boost their confidence and assurance of successful life. Arts-commerce students, on the other hand, get basically theoretical knowledge and are deprived from technical and professional knowledge which is required in many skillful and technical fields. Because of this, science students are more likely to experience greater certainty about their future than those students who are pursuing arts-commerce courses.

Hypothesis 2 stated that there would be significant difference in optimistic-pessimistic attitude of students with internal and external locus of control. It can be seen from Table 2 that students with internal locus of control were high on optimistic attitude ($M= 30.72$, $SD\ 3.78$) than the students with external locus of control ($M= 28.41$, $SD=4.79$). Human behavior is largely guided by ‘reinforcements’ (rewards and punishments) and that through contingencies such as rewards and punishments, individuals come to hold beliefs about what causes their actions. These beliefs, in turn guide what kinds of attitude and behavior people adopt (Rotter, 1966). Singh and Mansi (2009) also found internally oriented people have better control of their behavior, more optimist and active in seeking information and knowledge concerning their situation than do externals

The results of the study also supported the prediction made in hypothesis 3 that there would be a significant difference in locus of control of arts-commerce and science students. Table 3 shows that science students are significantly differed in locus of control than arts-commerce students as $t\ (n=80) = 2.82$, $P \leq 0.01$. It indicate that science students ($M=11.38$, $SD=2.67$) have internal locus of control than arts-commerce students ($M=12.51$, $SD=2.42$). Science course is scientific in nature. It focuses on getting empirical evidences and objective conclusions. Arts-commerce course, on the other hand, emphasize on developing descriptive ability and theoretical views among students. Science students come to know that every action has its own reaction; nothing can happen without any reason or by chance. We are responsible for our present situation; it's nothing to do with our destiny. So, their ability to think rationally makes them different from their counterparts.

It is seen from Table 4 that the correlation value obtained between internal locus of control and optimistic attitude was positively and significantly correlated ($P \leq 0.01$). It shows that when internal locus of control is high, optimistic attitude would be high. This result is in consistent with some previous findings that showed significant relationship between internal locus of control and optimistic attitude. Guarnera and Williams (1987) found positive correlation between internal locus of control and optimism. Singh and Mansi (2009) also reported a correlation of -0.15 between internal locus of control and optimism.

LIMITATIONS

There were some limitations of the study; firstly students from only two colleges of Sangli and Islampur city were included. The results would be more generalized if students from more colleges from different places could be included. The role of gender differences would be considered for further exploration in relation to the constructs included in the present study.

CONCLUSION

The results of the present study have showed that science students were found more optimistic and had stronger belief in the internality locus of control as compare to arts-commerce students. Students with internal locus of control were also more optimistic than the students with external locus of control. The results have also shows that internal locus of control was positively and significantly correlated with optimistic attitude. All these findings of the study were in line with the hypothesized predictions.

REFERENCES

- Anderson, C. R., Hellriegel, D., & Slocum Junior, J. W. (1977). Managerial response to environmentally induced stress. *Academy of Management Journal* , 260-272.
- Clark, A. (1997). *Being there: Putting brain, body and world together again*. Cambridge, Massachusetts: MIT Press.
- Cloinger, S. C. (2000). *Theories of Personality*. Prentice Hall.
- Elizabeth Scott, M. (2007). *How an internal locus of control Lead to stress relief*. New York.
- Gemmill, G. R., & Heister, W. J. (1972). Fatalism as a factor in managerial job satisfaction, job strain and mobility. *Personnel Psychology* , Summer, 241-250.
- Guarnera, S., & Williams, R. (1987). Optimism and locus of control for health and affiliation among elderly adults. *Journal of Gerontology* , 42 (6), 594-595.
- Nowicki, S., & Strickland, B. (1973). *Manual: Locus of control scale*.
- Parashar, D. S. (1998). *Manual: Optimistic-Pesimistic Attitude Scale*. Jabalpur: Aarohi Manovidyan Kendra.
- Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs General and Applied* , 80 (1, Whole no. 609).
- Rotter, J. B. (1954). *Social learning and clinical psychology*. Englewood Cliffs, NJ: INC. Prentice-Hall.
- Singh, R. N., & Bhardwaj, S. (2010). *Manual: Locus of control scale*. New Delhi: Prasadpsycho .
- Singh, S., & Mansi. (2009,). Psychological capital as predictor of psychological well being. *Journal of the Indian Academy of Applied Psychology* , 35 (2), 233-238.
- Tadhy, m., Chelli, K., & Padiri, R. (2015). *Optimism and psychological well-being*. Sage Pulication.

Social Identity Perspective on Resistance and Leadership:

A Qualitative Study of Mass Protest against

16/12 Gang Rape, New Delhi

Kiran Sakkar Sudha¹

ABSTRACT

In inter disciplinary researches of social sciences, resistance as phenomena has not been explored much and conformity was considered something very natural and normal while resistance could not come to the fore. The study is a modest attempt to explore resistance following Delhi gang rape protest which is still fresh in our collective memory following social identity approach as well as sociological perspective. Semi structured interviews were conducted with 10 subjects (5 males and 5 females). Interpretive phenomenological approach was used to draw meaning out of the interview transcripts. Social identity approach outlines the following themes in understanding resistance: formation of oppositional identity, illegitimacy of the out group, affective involvement, cognitive alternatives, the role of third party etc. However, the protestors could not identify single out group to rally against which is so important in social identity, for some patriarchy as a system was out group, for some it was state machinery, political class etc. The notion of leadership was not in sync with social identity approach as the leaders were “faceless” and it was “shifting.” However, it was not pure resistance (Hollander & Einwohner, 2004) as there were many references to those structures by protestors against which protest was initially meant for.

Keywords: *Social Identity, faceless leadership, resistance, protests, Nirbhaya Ganga Rape*

Understanding Resistance:

Resistance has been referred to various fancy terms which can be quoted from literature: as “extreme metaphor”, rising from power in equalities, “dirty protests” (Prison Studies, Haney, Banks & Zimbardo, 1973; Reicher & Haslam, 2006), “fashionable term” (Hollander & Einwohner, 2004), etc. However, since 1960’s increasing evidence on the broad spectrum of resistance started highlighting in the texts (Krakowski, 1984; Langbein, 1994; Suhl, 1975; Yad--

¹Assistant Professor (Organizational behaviors/Human resources Management), IILM institute for business and management, Gurgaon (New Delhi- NCR)

Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against 16/12 Gang Rape, New Delhi

--Vashem, 1971). On the other hand, is evident in the literature on resistance and collective action in psychology that leadership process has been ignored to a large extent (Aminzade, Goldstone & Perry, 2001; Einwohner, 2007). An attempt is made to understand and fill in the gaps between these two concepts by reviewing the recent resistance act witnessed and upheld by the country citizens of India, majorly the protests held in New Delhi. The concept of resistance has recently been studied in psychological sciences. Otherwise, it has received its major conceptual understanding from in disciplines such as sociology, women studies, political studies etc. (Hollander & Einwohner, 2004). The term has been used in lot different ways, broadly as actions and behaviors of human social life at individual, collective and institutional levels (Hollander & Einwohner, 2004). It is that essential and crucial aspect of everyday life that can be seen, yet seen nowhere (Weitz, 2001). Various definitions have been mentioned in its' cross disciplinary literature, highlighting the few major ones'

1. "acting autonomously in [one's] own interests": (Gregs, 1993: 172)
2. "questioning and objecting" : (Modigliani and Rochat, 1995: 112)
3. "engaging in behaviors despite opposition": (Carr, 1998:543)
4. "active efforts to oppose, fight and refuse to cooperate with or submit to...abusive behaviours and...control" (Profitt, 1996: 25)
5. Quoting from examples in literature: A broad definition of prisoner resistance as "characterized by purpose, either implicit or explicit, manifesting itself in opposition, or taunting, undermining and attacking the exercise of power" (McEvoy, McConnachie, & Jamieson, 2007: 307; Crewe, 2007; Foucault, 1986; Pile, 1997). This kind of resistance can take forms depending on circumstances, opportunity, and motivation (McEvoy et al., 2007) and can be manifested as creating alternative communities and cultures, attempts to escape, prolonged legal challenge, hunger strike and other forms of self-harm, and violence and rioting.
6. The concept of resistance and its constituents has underwent reassessment (Mais, 2007, 2008a ; Hollander & Einwohner, 2004) concluding resistance is not just major acts of rebellion but also smaller acts of self-assertion and insubordination, and has always been pervasive.

There has been no generic definition of resistance, seems to be studied in parts based on themes as per the researcher's interest and strategy. From a comprehensive theoretical understanding from various disciplines identified action and opposition as cardinal elements of resistance, and defined it formally "as the process and action of challenging one's subordinated position in a given social system" (Hollander & Einwohner, 2004)., on the other hand resistance can be seen as manifested in behaviours and actions of those been parts of camps and protests etc. in the form of destruction, defiance, anything for survival acts etc. involving going against the norms etc. (Langbein, 1994). However, two recurring themes have been found namely:

Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against 16/12 Gang Rape, New Delhi

1. **Recognition in resistance**, that is the visibility of the act in which it raises two issues: in act a) confrontation of the resistant act openly and directly, and b) resistant acts which are more common, but do not make the headlines (Scott, 1985), it might go unnoticed by the powerful and the targets but has the similar agendas, example: farmer protests, woman ignoring sexual inclination at workplace in a subtle way by using different vocabulary (similar examples have also been quoted by Nurius, Macy, Bhuyan, Holt, Kemic, & Rivara, 2003). Both these discussion carries powerful debate over what qualifies for resistant act, however reviews suggest that both qualifies for resistance at varied intensity (Rubin, 1996; McCann & March, 1996).
2. **Intent in resistance**, it carries the latent purpose of the resister which qualifies whether to label the act as a act of resistance or not, answer to this becomes more related in small-scale, everyday acts. Theorists and researchers opines that issue of intent can be answered in three ways: a) to resist irrespective of the outcome in a desired way, the intent to resist shall qualify for resistance act, (Scott, 1985), b) to analyse the intent either by assessing internal states of the resistor (Leblanc, 1999), by directly questioning about the intent interviewing and other research probe, but lacks reliability (Weitz, 2001), and by evaluating the nature of the act (Scott, 1985), c) and the last group of the researchers ignore the idea of conscious intention, justifying that intent may be at the subconscious or unconscious level, and the intent and recognition of resistant act may be interpreted differently in different cultures (St. Martin & Gavely, 1996; Hoffman, 1999). These understanding form the issue of intent, is complex and it most of the times is researcher's call for choosing and matching with the needs (Healey, 1999; Hoffman, 1999).

There are complexities in understanding the underlying parameters to achieve consensus over what is not resistance and what is resistance, arising from these debates is categories of resistance, which contributes a little in understanding the blurred boundaries of the concept. Based on its' nature and social prominence, resistance have been categorized into seven types (overt resistance, covert resistance, unwitting resistance, target defined resistance, externally-defined resistance, missed resistance, attempted resistance), where in the role of groups: actors, target and observer in recognizing the resistant act are considered the crucial parameters in the determination of the significant type of resistance.

Hence, there might not be one consensual definition but research paradigm has to be focused. Also, to note there is a debate over the issues of resistance with reference to conformity as well, saying resistance is unquestionable and unthinkable, whereas conformity is natural and inevitable (Haslam & Reicher, 2012). The notion of resistance also accords with large research bodies into categories of protest behavior (Kelly & Kelly, 1991, 1994; Kelly & Breinlinger, 1996; Reicher, 1984; 2004; Simon & Klandermans, 2001; Reynolds, Oakes, Haslam, Nolan, & Dolnik, 2000; Veenstra & Haslam, 2000). Based on these explanations, which are broadly taken from evidences and explorations from sociological models, an attempt has also been done in the past

Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against 16/12 Gang Rape, New Delhi

from psychological point of view (Haslam & Reicher, 2012), through experiments from prisoner studies (Stanford Prison Experiment; Haney, Banks & Zimbardo, 1973; Zimbardo, 1971, 2004, 2007; BBC Prison Study; Reicher & Haslam, 2006a).

The broad definition of resistance accounts for challenging the system, hence it becomes extremely important to choose the case and focus on aspects of processes involved such as: social significance, diversity and availability of source information (Haslam & Reicher, 2012). Resistance is more generally witnessed where there is intergroup inequality due to within factors of ongoing intergroup process. Based on an original social identity (Tajfel, 1978) theory, generating the evidence for generic resistance can be assimilated into three parts (Haslam & Reicher, 2012), and the two groups can be easily noticed in any society, namely, subordinate groups (who promote resistance) and dominant groups (who seek to hinder or suppress it). Example: males and females (discrimination based on gender), rich and poor (discrimination based on socio-economic class), black and white (discrimination based on race) etc.

1. **The development of oppositional Identities:** It lays emphasis on development of shared identities, based on time, mutual interests, belief in common fate and sense of us; and permeability, that its' relation with present and future. Anything based on interests, serving singular purpose as well, ignites resistance.
2. **Choose strategies of overt resistance by the groups; that is stabilising and destabilizing intergroup inequalities:** It emphasises that shared identity is not the only thing that accumulates strong group identity whereas it is evident that illegitimacy, brutality empowers the resistant acts (Useem & Goldstone, 2002). Inequality shall be recognized in order to resist, the need expressed so that is of providing a structure to system which is more, transparent and accountable and enhances interaction (Jackson, Tyler, Bradford, Taylor and Shiner, 2010). To organize and sustain resistance, cognitive alternatives are often used (Tajfel & Turner, 1979) where the focus is to fore view that a situation different from present. Review emphasise that resistance will occur and sustain more recognizable where people desire an outcome positively (Drury & Reicher, 2009).
3. **Role of organizational factors in generating effective resistance such as leadership and third force parties:** Leadership and third party support recognizes the intent of the resisters. In order to sustain a change and an absolute win, these two essential groups support becomes extremely important. Leadership may coordinate the resistance act (Turner, 2005) or disrupt the event, or even hijack (Applebaum, 2003; Mahone, 2006). The nature of leadership is influential in leading such action, social identity approach on leadership explored that an effective leader is the one who is an a) In group prototypes, b) In group champions, c) Entrepreneurs of identity and d) Embedders of reality (Haslam, Reicher, & Platow, 2011). On the other hand the third party support is a kind of social context where the act is taking place (Saroyan, 2009; Subasic, Reynolds & Turner, 2008). A positive support from leaders and third parties glorifies the purpose and adds to the action element in the act of over resistance.

UNDERSTANDING SOCIAL IDENTITY:

According to social identity theory, people have a tendency to classify themselves and others into social categories, which can be based on the affirmation of membership to the groups such as gender, age, religion, class or any other social categorization. (Tajfel & Turner, 1985). These Categories can be understood as prototypes or the characteristics of the members of that group (Turner, 1985). Very interestingly, Ashforth & Mael, 1979, have argued on the perspectival understanding of social identity where the authors were of the viewpoint that: “social identification is a perception of oneness with a group of persons; social identification stems from the categorization of individuals, the distinctiveness and prestige of the group, the salience of outgroups, and the factors that traditionally are associated with group formation; and social identification leads to activities that are congruent with the identity, support for institutions that embody the identity, stereotypical perceptions of self and others, and outcomes that traditionally are associated with group formation, and it reinforces the antecedents of identification. Self and identity is often interchangeably used, and there can be considered a reciprocity among the two as it is in the social context that the self operates/functions, and a dictum that states “self reflects society” (Stryker, 1980). If one identifies with the organization, or the responsibilities that he/she fulfils, is pertaining to a role: a father, a daughter, as sister, an employee etc. these meanings as referred are the content of the identities (Leary & Tangney, 2003).

Stryker (2000) presents multiple views of identity within sociology: a) having a cultural or collective view of identity in which there are shared values beliefs etc, more identifiable with ethnic identity, (Nagel, 1995; Scheff, 1994). b) the second is of Tajfel’s (1981), identification with the social group or category, where one is fitted either normatively or comparatively and identifies with that aspect, which also helps in intergroup interaction (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987). c) the third viewpoint explains the within group behavior, that is the role relation with the group members, is an outgrowth of symbolic interactionist tradition (Stryker, 1980). An important point to note is one might have multiple identities: multiple role identities (Thoits, 2001), multiple group identities (Deaux, 1992) and multiple social identities. Self is governed by interplay of these multiple identities in any social context. Hence understanding how one identifies with a situation, or implication of identity is basically when these identities operates in a combination or two (Leary & Tangney, 2002; Stets & Burke, 2002). Along with this understanding, there comes several understandings to the concept, which overlap in contouring with the identification process: identification hence have to be attained psychologically where as maintained as an identity, intrigued by conflicting societal process/context (Grauman, 1983). Also of an opinion, the generalization is understood as that identification is a process, whereas identity can be a condition (Lalli, 1992). Whereas the meaning of identity majorly depends on the theory.

A social identity approach has been undertaken, focusing on resistance in the form of protest witnessed in the country premises held largely in New Delhi seeking justice for victim (and was named Nirbhaya/ Amanat/ Damini etc. by the media sources) who was brutally gang raped and

Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against 16/12 Gang Rape, New Delhi

later died. Combining the two frameworks (Resistance and Social Identity approach), an effort has been made in a present paper to explore resistance in the wake of 16/12 gang rape and murder in New Delhi.

RATIONALE OF RESEARCH:

Sadly Delhi is known as the rape capital of India. On the evening of 16th December, 2012 a girl in her 20s was travelling in a bus with her male friend. Nobody has any clue what happened inside the bus but one thing which was sadly narrated millions of times that she was brutally raped, tortured and then thrown out of the bus in a badly bruised condition on the road to die. This incident ignited the consciousness of a large section of society and they all culminated at India Gate and remained there for days and nights. India Gate then became the symbol of struggle, slogan shouting, candle march etc.. The protestors were even lathi charged which did not even a tad bit shake the will of people. The “gathering” was important as people from various parts of India physically participated, stayed together day and night in the “bitter” and infamous cold of Delhi. It was peaceful even though it was without a “face” (Leader), which was very unusual. Different stake holders of the society gave them different names, some would call them as “protestors”, “rioters” etc. Whatever names they may be and called by they were not “mob”, the way it is conceived in mainstream psychology. Rape and assault against women are nothing very unusual in this part but what evoked people in such a large number to come together and struggle against this “injustice” was like a magnetic pull because of which this research was carried out. As already mentioned that in psychology resistance is one of the neglected areas, it added one more reason to explore the present “resistance”.

RESEARCH QUESTIONS:

The following research questions have been formulated based on the review that the study undertaken seeks to explore:

1. Who were the leaders? Who does the group want as a leader? (To explore the role of leadership and third parties in sustaining a resistance act and other cognitive alternatives)
2. What was the meaning conveyed by the protest? (To understand the type and nature of resistant act)
3. Who were the targets of this protest? (To understand the underlying factors such as recognition and intent)

METHOD:

Sample: Purposive sampling was used in order to identify the primary participants based on a specific criterion and snowball sampling was also used. Total ten participants were selected 5 males and 5 females who participated in the national protest held in New Delhi, were largely

Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against 16/12 Gang Rape, New Delhi

comprising youth studying in Jawahar Lal Nehru University and Jamia Millia Islamia. The mean age of participants was 24.5 years.

Table- 1 : Participant details:

See Table-1

Data Collection and Analyses: Semi-structured interviews were conducted with the 10 participants, where in the consent was taken and participation was duly signed. Total, 8 interviews have been analysed using interpretive phenomenological approach; on the basis of which interview content was first transcribed, a reflective diary was maintained: further, sub-themes, themes and clusters were extracted based on the transcripts.

Interpretative Phenomenology Analysis (IPA): It is an approach to data analysis which captures and evaluates the quality and texture of an individual experience. Interpretative Phenomenology analysis accounts for interpretative engagement with texts and transcripts. It comprises of a step by step procedure of analysis, in which the researcher first identifies the theme and then integrate them into meaningful cluster, both within and across the cases. The three theoretical underpinning of IPA are : phenomenology, hermeneutics and idiography (Smith, Flowers, & Larkin, 2009; Smith & Osborn, 2003). The guidelines IPA recommended by the experts in scheming the data analysis consists of six steps which may/not necessarily be strictly followed which involves multiple reading of the transcripts; maintaining exploratory notes; tracing emergent themes; connecting themes; move from case-by-case to multiple cases; and search for patterns across cases.

RESULTS:

Each interview transcript thoroughly analyzed referring to IPA. The themes and sub themes were identified and repetitive themes were then dropped. These were then fed into a table with the column wise description (themes in one column and interview excerpts in another column). The follow up and cross analysis was done case by case; the cases were compared and clusters of themes were identified and fed into an excel sheet. No data analysis software was used at any stage; the entire process was carried out manually using Microsoft Word and Microsoft Excel for collation and presentation.

Table – 2: Social Identity perspective on resistance: Exploring mass protest against 16/12 Gang rape, New Delhi: Clusters, Themes and Sub-Themes

See Table-2

MAJOR FINDINGS AND DISCUSSION:

Conformity is considered a commonly experienced phenomenon, however based on the explorations; resistance is also as common as conformity. The paper was aimed at uncovering the role of leadership and other cognitive alternatives which the theme of faceless leadership clearly explains; the theme of variable number of out groups unfolded the understanding for the underlying factors such as recognition and intent; the category of unclear classification and mixed resistant acts exemplifies from the literature how there is need to not restrict or fit into a single category of resisting behaviours. The findings are elaborated below by citing relevant literature and theories.

The study although corresponds with lot of aspects covered by Haslam's, psychological explanation on resistance, new elements, and differentiating from aspect of Haslam have also come up, like:

1. **Faceless and shifting Leadership:** Leadership in the past was considered as the product of both contingent and personal factors. In the social identity approach to leadership, there are self-categorization models without the evaluation or impact of social influence (Haslam, 2001, Turner, 2004). There is a tendency of leader's exerting influence with certain pre-existing identities. In a seminal research by Scharmer (2010), there is an existence of blind spot in leadership where there is disassociation with the source of the action, however there is a conform inner state and optimum state of awareness vis-à-vis operations of social systems. Hence, it is possible that there might not be a unanimous leader in conflicting situation as in the current case of Nirbhaya gang rape protests.
2. **Re-establishment of the cause:** The findings majorly signify that the trigger to the problems was different in nature as there was no conformity on single issue. The need and demand were in need of more attitudinal freedom. Worchel & Brehm (1971) contended, "Social-influence threats to freedom ... create a combination of positive and negative forces, and the resultant behavior is a function of these opposing forces" (p. 303). There often accompanies strong persuasion in resistance, Knowles & Linn (2004) viewed reactance and compliance as outcomes of underlying conflicting issues. Laurin, Kay & Fitzsimons (2012) evaluated on how people react to social structures and when personal freedom is attacked. It was observed among the non-control group that the responses were more rationalized and restricted freedom was not much emphasized. Hence, in the case of Nirbhaya Gang rape protest, there was not a single cause of rape that brought people on the site but there were volley of things which were triggered which was evident from the captions and banners stating the demands, needs and frustration of/from society and state machinery and not just those four rapists.
3. **Various/ Varying outgroups:** Resistance is more generally witnessed where there is intergroup inequality, emerging from within factors of ongoing intergroup process. With

Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against 16/12 Gang Rape, New Delhi

respect to the positioning of the group; outgroups at times are not identified with your own self and also becomes the source of comparison (Turner & Haslam, 2001). The formulations of these groups is considered to be a communicative phenomenon where on the basis of contextual parameters and distinctive properties of group such as normative influence, perceptions of similarities and differences in group behavior, the number of groups may vary (Hogg & Reid, 2006). The group categorization is largely a facet of norms, where the social identity analysis of norms laid importance on descriptive and prescriptive/injunctive norms which (Cialdini, Kallgren, & Reno, 1991). The behavior function of groups is transcendental and has the probability of inaccuracy in expressed attitude and overtness is low (Fazio & Olzon, 2003). The process in simple terms can be understood as cluster of people of identifying with single cause (In-groups) and not identifying with the counterpart (Outgroups). So, the concept of identifying with more than one out group when resisting for the same goal is an essential aspect of identity. There is no threshold for upper/lower limit of outgroups that a protestor may identify with. In the current case as well, there were not one but many outgroups.

4. **No pure form of resistance:** The central elements in resistance behavior are action and opposition (Hollander & Einwohner, 2004), and there is still lot to be explored among these typologies. The broad definition of resistance accounts for challenging the system, hence it becomes extremely important to choose the case and focus on aspects of processes involved such as: social significance, diversity and availability of source information (Haslam & Reicher, 2012). Evolved from the Hollander & Einwohner, (2004) model, exemplified below, it was clearly evident that mixed form of resistance (not yet explained/studied category) came up as an unexplored type.

5.

Type	Meaning	Intended as resistance by Actor	Recognized as resistance by Target	Recognized as resistance by Observer	Example
Overt Resistance	It includes collective acts such as social movements, revolutions, protests etc. (Healy, 1999)	Yes	Yes	Yes	Fighting back against sexual assault (Nurius et al., 2000)
Covert Resistance	These are intentional resistance acts but may or may not be recognized	Yes	No	Yes	Gossip, subversion in workplace (Prasad & Prasad, 1998; Wickham, 1998)

Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against 16/12 Gang Rape, New Delhi

Unwitting Resistance	It is an unintentional resistance by the resistor (actor) which might be recognized by other groups	No	Yes	Yes	Tomboy behavior of girls (Carr, 1998)
Target Defined Resistance	These are the acts of resistance which are based onto get recognition from the targets or target specific acts.	No	Yes	No	An abusive husband's wife's behaviour would be considered resistant.
Externally-defined Resistance	These acts are not ruled by recognition or intent or carries weight age of the same by the actors or observers but shall be considered and recognized by the third parties.	No	No	Yes	Women watching television soaps, resist to gender expectations (Brown, 1994)
Missed Resistance	In this, intent is central element; the act might not be recognized by third parties	Yes	Yes	No	Secret societies, to which access to third parties is not available
Attempted Resistance	It is an intentional resistance act, in which the recognition by any groups might not take place.	Yes	No	No	-

Since, resistant behaviors have remained in the core of several disciplines such as political science, sociology, women studies, social work etc., it is essential to study in resistance types in parts than whole as there is an evidence of having interrelated impact on the same. In the current case as well, there was no clear resistance type being reflected. There was an overlap of the nature of protests, however the goal was similar.

In sum, resistance is a denominator to factors arising of conflicting situation triggered by context. There is a natural tendency to fall prey to group schisms and identify with certain groups. The self is inseparable part of ones' identity. Leadership takes its own turn and form as a result of social categorization where there is still lot of scope in exploring the mechanisms of social identity approach to leadership from the framework of protestors' identity in the resistance process

CONCLUSION AND FUTURE DIRECTIONS:

Following the interpretive phenomenological approach, this set of semi-structured interviews helped in relating the social identity approach to leadership as significant in resistance acts, especially during the protest. Resistance is seen as a process of disengagement or non-conformity to unacceptable stimuli in the social structure. The type, act and intent are important factors in the process of resistance. At the same time, unanimous agreement exists among all interviewees in saying outgroups are must to be identified as a pillar of framing identity while resisting.

Even though this study has been conducted in the environs of New Delhi, with a small sample of ten participants only, there is clear indication that resistance can help “in clearly opposing” to something which is non-acceptable beyond the cognitive prisms. This brings out possibilities of application of resistance related form in various interpersonal situations including organizations.

This study has only attempted to open the doors and start discovering the concept of resistance in the current cultural context, as perceived by the ten participants, to begin with. Great scope lies in this area for much more in-depth work and redefining/developing the theoretical framework

REFERENCES:

- Aminzade, Ronald R., Jack A. Goldstone, and Elizabeth J. Perry. 2001. Leadership Dynamics and Dynamics of Contention. Pp. 126-154 in *Silence and Voice in the Study of Contentious Politics*, Ronald R. Aminzade, Jack A. Goldstone, Doug McAdam, Elizabeth Perry, William H. Sewell, Sidney Tarrow, and Charles Tilly. New York: Cambridge University Press.
- Appelbaum, A. (2003). *Gulag: A history*. New York: Anchor
- Ashforth, B. E., & Mael, F. A. (1998). The power of resistance: Sustaining valued identities. In: R. M. Kramer & M. A. Neale (Eds), *Power and influence in organizations* (pp. 89–120). Thousand Oaks, CA: Sage.
- Brown, M.E. (1994). *Soap Opera and women's talk: The pleasure of resistance*. Thousand Oaks, CA: Sage.
- Carr, C. L. (1998). Tomboy resistance and conformity: Agency in social psychological gender theory. *Gender & Society*, 12, 528-553.
- Cialdini, R. B., Kallgren, C. A., & Reno, R. R. (1991). A focus theory of normative conduct: A theoretical refinement and re-evaluation of the role of norms in human behavior. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (pp. 201–235). San Diego, CA: Academic Press.
- Crewe, B. (2007). Power, adaptation and resistance in a late-modern men's prison. *British Journal of Criminology*, 47, 256-275.
- Deaux, K. (1992). Personalizing identity and socializing self. In G. M. Blackwell (Ed.), *Social psychology of identity and the self-concept* (pp. 9-33). London: Surry University Press.

Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against 16/12 Gang Rape, New Delhi

- Drury, J. & Reicher, S.D. (2009). Collective psychological empowerment as a model of social change: researching crowds and power. *Journal of Social Issues*, 65, 707-725.
- Einwohner, R. L. (2007). Leadership, authority, and collective action: Jewish resistance in the ghettos of Warsaw and Vilna. *American Behavioral Scientist*, 50, 1306-132.
- Fazio, R. H., & Olson, M. A. (2003). Attitudes: Foundations, functions, and consequences. In M. A. Hogg & J. Cooper (Eds.), *The Sage handbook of social psychology* (pp. 139–160). London: Sage.
- Foucault, M. (1986). Disciplinary power and subjection. In S. Lukes (Ed.) *Power* (pp.229-242). Oxford: Blackwell Publications.
- Graumann, C. (1983). On multiple identities. *International Social Science Journal*, 35, 309–321
- Gregg, N. (1993). 'Trying to put first things first': Negotiating subjectivities in a workplace organizing campaign. *Fisher and Davis*, 172-204.
- Haney, C., Banks, C. & Zimbardo, P. (1973). A study of prisoners and guards in a simulated prison. *Naval Research Review* 9, 1–17 [Reprinted in E. Aronson (Ed.), *Readings about the social animal* (3rd ed., pp. 52–67). San Francisco, CA: W.H. Freeman].
- Haney, C., Banks, C. & Zimbardo, P. (1973). A study of prisoners and guards in a simulated prison. In E. Aronson (Ed.), *Readings about the social animal* (3rd ed., pp.52-67). San Francisco, CA: Freeman.
- Haslam S.A., Reicher S.D. (2012) When prisoners take over the prison: a social psychology of resistance. *Personality and Social Psychology Review*, 16, 152–179.
- Haslam, S. A. & Reicher, S. (2010). When prisoners take over the prison: A social psychology of resistance. *Personality and Social Psychology Review*, 16 (2), 154-179.
- Haslam, S. A. (2001). *Psychology in organizations: The social identity approach*. London: Sage.
- Haslam, S. A., Reicher, S. D., & Platow, M. J. (2011). *The new psychology of leadership: Identity, influence and power*. London and New York: Psychology Press.
- Healy, L. (1999). Gender, power and the ambiguities of resistance in a Malay community of Peninsular Malaysia. *Women;s Studies International Forum*, 22, 49-61.
- Hoffman D. (1999). Turning power inside out: Reflections on resistance from the (anthropological) field. *International Journal of Qualitative Studies in Education*, 12, 671-687.
- Hogg, M.A., & Reid, S. A. (2006). Social Identity, Self-Categorization, and the Communication of Group Norms. *Communication Theory*, 16, 7–30.
- Hollander, J. A. & Einwohner, R. L. (2004). Conceptualizing resistance. *Sociological Forum*, 19 (4), 533-554.
- Hollander, J.A. & Einwohner, R.L. (2004). Conceptualizing Resistance. *Sociological forum*, 19(4), 533-554.
- Jackson, J., Tyler, T. R., Bradford, B., Taylor, D. & Shinber, M. (2010). Legitimacy and procedural justice in prisons. *Prison Service Journal*, 191, 4-10.
- Kelly, C., & Breinlinger, S. (1996). *The social psychology of collective action: Identity, injustice and gender*. London: Taylor & Francis

Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against 16/12 Gang Rape, New Delhi

- Kelly, C., & Kelly, J. (1991). 'Them and us': Social psychology and the new industrial relations. *British Journal of Industrial Relations*, 29, 25-48.
- Kelly, C., & Kelly, J. (1994). Who gets involved in collective action? Social psychological determinants of individual participation in trade unions. *Human Relations*, 47, 63-88.
- Knowles, E. S., & Linn, J. A. (2004). Approach-avoidance model of persuasion: Alpha and omega strategies for change. In E. S. Knowles & J. A. Linn (Eds.), *Resistance and persuasion* (pp. 117-148). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Krakowski, S. (1984). *The War of the Doomed: Jewish armed resistance in Poland, 1942-1944*. New York: Holmer & Meier.
- Lalli, M. (1992). Urban-related identity. Theory, measurement, and empirical findings. *Journal of Environmental Psychology*, 12, 285-303.
- Langbein, H. (1994). *Against all hope: Resistance in Nazi concentration camps 1938-45*. London: Constable.
- Laurin, K.; Kay, A., C. & Fitzsimons, G., J. (2012). Reactance Versus Rationalization: Divergent Responses to Policies That Constrain Freedom. *Psychological Science*, 23(2), 205-209.
- Leary, M. & Tangney, J.P. (2003). The self as an organizing construct in the behavioral and social sciences. In M. Leary, & J. P. Tangney (Eds.) *Handbook of self and identity* (pp. 3-14). New York: Guilford Press.
- Leblanc, L. (1999). *Pretty in punk: Girls' gender resistance in a boys' subculture*. New Brunswick, NJ: Rutgers University Press.
- Mahone, S. (2006). The psychology of rebellion: Colonial medical responses to dissent in British East Africa. *Journal of African History*, 47, 241-258.
- Mais, Y. (2007-8a). *Daring to Resist: Jewish defiance in the Holocaust*. New York: Museum of Jewish Heritage
- McCann, M.W. & March, T. (1996). Law and everyday forms of resistance: A socio-political assessment. *Studies in Law, Politics, and Society*, 15, 207-236.
- McEvoy, K., McConnachie, K., & Jamieson, R. (2007). *Political imprisonment and the 'War on Terror'*. In Y. Jewkes (Ed.), *Handbook of the prison*. Cullompton: Willan.
- Modigliani, A., & Rochat, F. (1995). The role of interaction sequences and the timing of resistance in shaping obedience and defiance to authority. *Journal of Social Issues*, 51(3), 107-123.
- Nagel, J. (1995). American Indian ethnic renewal: Politics and the resurgence of identity. *American Sociological Review*, 60, 947-965.
- Nuris, P.S., Jeanett, N., Thomas, L.G., & Jan, G. (2000). Interpreting and defensively responding to threat: Examining appraisals and coping with acquaintance sexual aggression. *Violence and Victims*, 15, 187-208.
- Nurius, P. S., Macy, R. J., Bhuyan, R., Holt, V. L., Kemic, M. A., & Rivara, F. P. (2003). Contextualizing depression and physical functioning in battered women: Adding vulnerability and resources to the analysis. *Journal of Interpersonal Violence*, 18, 1411-1431.

Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against 16/12 Gang Rape, New Delhi

- Pile, S. (1997). *Geographies of resistance*. London: Routledge.
- Prasad, A. & Prasad, P. (1998). Everyday struggles at the workplace: The nature and implications of routine resistance in contemporary organizations. *Research in sociology of organizations*, 15, 225-257.
- Profitt, N. J. (1996). 'Battered women' as 'victims' and 'survivors': Creating space for resistance. *Canadian Social Work Review*, 13, 23-38.
- Reicher, S. D. (1984). The St. Pauls riot: An explanation of the limits of crowd action in terms of a 30 Personality and Social Psychology Review social identity model. *European Journal of Social Psychology*, 14, 1-21.
- Reicher, S. D. (2004). The context of social identity: Domination, resistance and change. *Political Psychology*, 25, 921-946.
- Reicher, S. D., & Haslam, S. A. (2006). Rethinking the psychology of tyranny: The BBC Prison Study. *British Journal of Social Psychology*, 45, 1-40.
- Reicher, S. D., & Haslam, S. A. (2006a). Rethinking the psychology of tyranny: The BBC Prison Study. *British Journal of Social Psychology*, 45, 1-40.
- Reynolds, K. J., Oakes, P. J., Haslam, S. A., Nolan, M., & Dolnik, L. (2000). Responses to powerlessness: Stereotypes as an instrument of social conflict. *Group Dynamics: Theory, Research and Practice*, 4, 275- 290.
- Rubin, J. W. (1996). Defining Resistance: Contested Interpretations of Everyday Acts. *Studies in Law, Politics, and Society*, 15, 237-260.
- Saroyan, S. (2009). *The impact of third parties on resistance amongst oppressed groups*. Unpublished manuscript, University of Exeter.
- Scheff, T. (1994). Emotions and identity: A theory of ethnic nationalism. In C. Calhoun (Ed.), *Social Theory and the Politics of Identity* (pp. 277-303). Philadelphia: Temple University Press.
- Scott, J. C. (1985). *Weapons of the Weak*. Yale University Press.
- Scott, J. C. (1990). *Domination and the arts of resistance*. New Haven CT: Yale University Press.
- Simon, B., & Klandermans, B. (2001). Politicized collective identity: A social psychological analysis. *American Psychologist*, 56, 319-331.
- Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative Psychology*. London: Sage.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, method and research*. London: Sage.
- St. Martin, L. & Gavey, N. (1996). Women's bodybuilding: Feminist resistance and/or femininity's recuperation?. *Body and Society*, 2, 45-57.
- Stets, J. E., & Burke, P. J. (2000). Identity theory and social identity theory. *Social Psychology Quarterly*, 63, 224-237.
- Stryker, S. (1980). *Symbolic interactionism: A social structural version*. Menlo Park: Benjamin Cummings.

Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against 16/12 Gang Rape, New Delhi

- Stryker, S. (2000). Identity competition: Key to differential social movement involvement. In S. Stryker, T. Owens, & R. White (Eds.), *Identity, self, and social movements* (pp. 21-40). Minneapolis: University of Minnesota Press.
- Subašić, E., Reynolds, K.J. & Turner, J.C. (2008). The political solidarity model of social change: dynamics of self-categorization in intergroup power relations. *Personality and Social Psychology Review*, 12, 330– 52.
- Suhl, Y. (1975). *They fought back: The story of Jewish resistance in Nazi Europe*. New York: Schocken Books.
- Tajfel, H. (1978). Interpersonal behaviour and intergroup behaviour. In H. Tajfel (Ed.), *Differentiation between social groups: Studies in the social psychology of intergroup relations* (pp.27-60). London: Academic Press.
- Tajfel, H. (1981). *Human Groups and Social Categories: Studies in Social Psychology*. Cambridge: Cambridge University Press.
- Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp.33-47). Monterey, CA: Brooks/Cole.
- Tajfel, H., & Turner, J. C. (1985). The social identity theory of intergroup behavior. In S. Worchel & W. G. Austin (Eds.), *Psychology of Intergroup Relations* (pp. 6-24). Chicago: Nelson-Hall.
- Thoits, P. A. (2001). Personal agency in the accumulation of role-identities. Bloomington, In: *The Future of Identity Theory and Research: A Guide for a New Century Conference*.
- Turner, J. C. (1985). Social Categorization and the Self-Concept: A Social Cognitive Theory of Group Behavior. Pp. 77-121 in *Advances in Group Processes*, edited by Edward J. Lawler. Greenwich, CT: JAI.
- Turner, J. C. (2004). *What the social identity approach is and why it matters. Foreword to S. A. Haslam Psychology in organizations: The social identity approach* (2nd Ed., pp.xvii-xx). London: Sage.
- Turner, J. C. (2005). Explaining the nature of power: A three-process theory. *European Journal of Social Psychology*, 35, 1-22.
- Turner, J. C., & Haslam, S. A. (2001). Social identity, organizations and leadership. In M. E. Turner (Ed.), *Groups at work: Advances in theory and research* (pp. 25-65). Hillsdale, NJ: Erlbaum.
- Turner, J. C., Hogg, M. A., Oakes, P. J., Reicher, S. D., & Wetherell, M. S. (1987). *Rediscovering the social group: A self-categorization theory*. Oxford, UK: Blackwell.
- Useem, B. & Goldstone, J. A. (2002). Forging social order and its breakdown: Riot and reform in U.S. Prisons. *American Sociological Review*, 67, 499-525.
- Veenstra, K., & Haslam, S. A. (2000). Willingness to participate in industrial protest: Exploring social identification in context. *British Journal of Social Psychology*, 39, 153-172.
- Wickham, C. (1998). Gossip and resistance among the medieval peasantry. *Past and present*, 160, 3-24.

Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against 16/12 Gang Rape, New Delhi

- Wietz, R. (2001). Women and their Hair. Seeking Power through resistance and accommodation. *Gender & Society*. 15(5), 667-686.
- Worchel, S., & Brehm, J. W. (1971). Direct and implied social restoration of freedom. *Journal of Personality and Social Psychology*, 18, 294–304
- Yad Vashem (1971). *Jewish Resistance During the Holocaust: Proceedings of the conference on manifestations of Jewish Resistance*. Jerusalem: Yad Vashem.
- Zimbardo, P. (2004). A situationist perspective on the psychology of evil: Understanding how good people are transformed into perpetrators. In A.Miller (Ed.), *The social psychology of good and evil* (pp.21–50). New York: Guilford.
- Zimbardo, P. (2007). *The Lucifer Effect: How good people turn evil*. London: Random House.
- Zimbardo, P. G. (1971). *The psychological power and pathology of imprisonment*. Hearings before Subcommittee No.3 of the Committee on the Judiciary House of Representatives Ninety-Second Congress, First sessions on corrections — Part II, Prisons, prison reform, and prisoners’ rights: California (Serial No. 15, October 25). Washington, DC: US Government Printing Office.

Table-1: Participants Details

Participant Code	Gender	Age in years	Institute Affiliation	Education
M1	Male	24	Jamia Millia Islamia, New Delhi	Post-graduation, pursuing
M2	Male	25	Jawahar Lal Nehru University, New Delhi	Ph. D., pursuing
M3	Male	24	Jamia Millia Islamia, New Delhi	Post-graduation, pursuing
M4	Male	25	Jamia Millia Islamia, New Delhi	Post-graduation, pursuing
M5	Male	24	Jamia Millia Islamia, New Delhi	Graduate
F1	Female	25	Jawahar Lal Nehru University, New Delhi	Ph. D., pursuing
F2	Female	20	Jamia Millia Islamia, New Delhi	Under Graduation, pursuing
F3	Female	20	Jamia Millia Islamia, New Delhi	Under Graduation, pursuing
F4	Female	25	Jawahar Lal Nehru University, New Delhi	Ph. D., pursuing
F5	Female	26	Jawahar Lal Nehru University, New Delhi	Ph. D., pursuing

Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against 16/12 Gang Rape, New Delhi

Table – 2: Social Identity perspective on resistance: Exploring mass protest against 16/12 Gang rape, New Delhi: Clusters, Themes and Sub-Themes

Clusters	Themes	Sub-themes	Interviewee	Interview Excerpts
1. Reasons to participate in the protest	Citizens	Responsibility	M1	you have to show shoulder, that people are with you,
			M2	but largely i felt and ideally fit who is the young protestor
			M3	aur iske khilaaf awaaz nahi uthaye toh aainda fir ho sakta hai ,
			F2	abko jaana chahaiye wahan pe, kyunki humare khud ki security ke liye bhi ek hay,
		Respect for humanity	M1	people are not dormant, and they have the sense and they have the some , you know, humanity left in them
			M3	har aadmi waha par present tha. wahi aisa ek insaan karta hai jiske pass bilkul aqal hi nahi ho, bilkul jaanwar ho, wo kar lete hai aise kaam, ek insaan agar civilized ho (politely), agar usko samajh ho toh aise, harkat nahi karte,
			M4	logo ne bhi wahan par help nahi kari thi, kyunki kam se kam ek human being nature ke, taur pe insaan help toh kar sakta haina

**Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against
16/12 Gang Rape, New Delhi**

			F1	, ek human being hai , aur ek human beng ki tarah samaaj mein unko ek barabaari ka adhikar, barabaari ka haq milna chahiye,barabari ka samaan milna chahiye aur uske liye humko jo bhi andolan khada karne padega,
			F3	agar mei wahan hoti toh definitely kuch na kuch help toh zaroor hi karti , whether chahe mujhe aage kitna kuch hi kyun nah face karna pad
	Context	Shared Suffering/Anticipated Shared Experience	M1	if this could happen in me, for with me, with my family, or with my friend
			M3	kis ke saath bhi ho sakta hai, , kissi ladki ke saath bhi ho sakta hai, humare bhi maa behan hai, kis ki, , dossro ki bhi maa behan hai, kisi ke ghar mein ladki hai, kaise , friend bhi hai, toh unke saath bhi ho sakta hai, in future ho sakta hai,
			M4	aisa incident kis aur ladki ke saath nah ho sake

**Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against
16/12 Gang Rape, New Delhi**

			F1	dkiyo ki azaadi se apne aap ko jod kar ke dekh rahe hain aur iss tarah k alag alag slogans the lekin unn saare slogans ka spirit kahin na kahin ek tha ki iss tarah ki ghatnaye nahi honi chahiye aur jo ye ghatna hui hai uss ko justice milna chahiye
			F2	identify kar pa rahi thi hi cheez ke liye the sab, toh sabka agenda ek hi tha ,
			F4	...aaj unke saath hua hai, kal ko meri beti ke saath bhi hoga, meri ghar ke ksis ke saath bhi hoga, mane in general log aise ho baat karte hain, leking mujhe lagta haina,
2. Protest	Nature	Overt	M1	always feel that, but they didn't acted that much
			M3	ye soch kar aye the jo ek bada sa protest ban gaya.
			M4	isliye protest karne gae the. khali media aur police thi
			F1	ek incident hua, uske toh condemn karte hue hi, hmm, jismein unn logo ne kaha ki hum bhi Hindustan ki mahiloyon iss paksh mein support karenge , mane apne apne desh mien,

**Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against
16/12 Gang Rape, New Delhi**

			F2	wo uss ladki ke liye tha, upar se government ne bhi uspe kuch matlab action nahi liya,
			F3	Uss ladki ke liye protest karne ke liye media ka jo....performance
		Protestor Identity	M1	but i identify myself, with those college students who were there for real,
			M3	hum bhi saath the, koi aisa nahi tha, koi group represent nahi kar rahe the, koi alag alag group nahi the, har log, har koi, har kisiko, jaise har, jagah se har place se aaye hue
			M4	hum log wahan par violence nahi karna chhahte the, humein protest karna tha
			F1	wahan par common masses the, wahan pe mane waha pe ladke, ladakiyan, youth mane ek youth wo tha jo alag alag usse the,
			F2	sabka agenda ek hi tha , toh isliye sab ek hi saath the,
			F3	insabka ek group tha toh identification kuch aisa hi tha ki humne sabke saath equally interact kiya,
			F4	this was one thing which made “us”

**Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against
16/12 Gang Rape, New Delhi**

	Leadership	Faceless	M1	politicians should, actually feel genuinely about this and they should just not fake, and they should come out
			M2	they are representing the bunch of patriarchal people, they representating big corporate, big bushes and land bugs
			M3	hum khudkar rahe the, hum log waha, gaye, participate kiya aur ek toh, wo log, sirf ek fitrati cheez, ek sirf dilaaza de rahe the,
			F1	humare saath chahe woh Rahul Gandhi ho, chahe wo koi aur ho koi bhi sadak pe utar karke iss movement ke saath nahi aaya,
			F2	government kya kar raha hai, agar unhone ne sirf speech dene se thodi na kuch hota hai, action toh lena chahiye
			F4	lip service ke alawa aur kuch nahi hai,
		Shifting	M4	Poor teamwork tha wahan par ki thode der meine shout kiya, thode der usne shout kiya , agar usne protest kara,
			F3	jitna group ban gaya jiski himmat zada hui usne aap ko leader samjh ke thoda aage kiya, and we were following them,

**Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against
16/12 Gang Rape, New Delhi**

		We vs. Them (We were peaceful , restraint and they were indifferent, manipulative, instigating etc	M1	not even the opposition party came in the full forth, they should have asked government to do something very strongly, they are the opposition party of the India
			M2	Because they are also saying we are fighting for people and we are also saying that we are fighting for people but this will show when come to the protest and see it!
			M4	hum alag hai poltics se
			F1	in saare statements ke dwara kahiin na kahin, basharte iss andolan ko aur condemn kiya jaye balki iss andolna ko aur , iss andolan ke mehtav ko nakara jaaye
			F2	is case ke baad toh mein leaders ke bilkul hi against hun,
			F4	jiske saamene aap apna baat rakh sakein, jo genuinely aapke baato se concerned ho, jo aapke saath bole ki, hum aapke saath hai, na ki door se reh ke bole
	Goal	Change (patriarchal values)	M1	There is a stigma in a society
			M2	Gender
			F1	aaj ki date mien patriarchy jo challenge hua hai chahe wo iss desh ka vyavstha ho chahe wo samaj mei pitrasatta ho

**Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against
16/12 Gang Rape, New Delhi**

			F2) agar ladke jab ja sakte hain, toh ladkiyan kyun nahi jaa sakti hai, unhe aisi buri nazaro se kyun dekha jata hai, aap kapdo pe kar rahe ho,
			F4	hum log ye naara lagata the ki, mahilaye maange azaadi, sadak pe chalne ki zaadi, toh mass level pe ek bekhaunf azaadi ki maang karte hue hum log waha gaye the aur...
		Structural change (Government agencies)	M2	It is the systematic change, that we have to fight for: it is the beginning to change the system!
			M4	meri ladai thi, system ke khilaaf
			F3	against the system , sabse bada, and for that girl , uske liye fight karna must tha, tabhi matlab system mein koi change aa sakta hai
			F4	ki hum logo se baat karein, aur maximum logo ko appraise karein, lekin wahan kaisa attitude
		Public	M1	and the public will come into action if you don't take action, they have to
			F3	public aa rahi hai, ruk rahi hai, car park kar rahi hai, tamasha dekh rahi hai, uske alawa aur kuch nahi, usmein hum jaise youth hi honge, senior citizen hi hong
		Justice (Immediate as well as long term)	M1	that would make the law stronger so that nothing could happen anymore, at least women would feel 50% more safer,

**Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against
16/12 Gang Rape, New Delhi**

			M3	jahan bhi, injustice ho rahi hai, wahan par mein ready ho jaunga
			M4	ladki ke justice ke loye pukar lagayi
			F1	police se lekar ke army tak ka gender sensitization hona chahiye , saath mein jis.., primary education se hi logo ko gender sensation karna chahiye, media ke gender sensitization hona chahiye , saath mein, mane, humko sirf suraksha nahi, hum.. humari sharer ke suraksha mat dijiye humari azzadi ki suraksha dijiye
			F2	unhe saza milein jinhone kiya hai ye
			F3	kahin na kahin ek hona chahiye tha, jo iss cheez ko lekar kafi haad tak, ek ache sa acha solution nikal sake..
			F4	jab hum bolte hain ki reclaim the nights and reclaim the days, mujeh lagta hai kahin nah kahin humara wo jo rights kho gaya hai, uske liye hum aaj fir awaaz utha rahe hain, aur hum usko waapas lekar hi rahenge,

**Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against
16/12 Gang Rape, New Delhi**

	Outcome	Successful (sustained) or not	F1	Verma Committe bhi jo bana hai uske mein job hi mane, two finger test ke bare mei baat horaha hai, Marital rape ke bare mein, custodial rape ke baarei mei, pehli baar AFSPA ke baarein mei baat ho raha hai, wo kahain nah kahin, iss movement ka hi den hai.
			F2	mujhe nahi lagta ki koi itna change aaya bhi tak , ye jo bolte hain, itna kuch ye implement nahi hota hai
			M1	and its nothing happening, and i have not seen anything happening, and i think, i see girls getting teased everyday, even in the campus!
3. Affective States	Positive	Empathy	M1	we are not passive , we feel for it!,
			M3	toh kal ko kisi ke saath bhi ho sakti hai
			M4	ladki ke saath bahaut hi galat hua hai, aur ek yahi emotion tha jo ladki ka , jo mujhe wahan par lekar gaya tha,
			F3	agar mei wahan hoti toh definitely
			F4	lekin wahi jo 12 minute ka speech hai, it touched me a lot, mein usko apnse identify kar parahi thi,
		Hope	M2	it is the beginning to change the system!

**Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against
16/12 Gang Rape, New Delhi**

			F2	umeed thi ki acha hoga....aur umeed abhi bhi hai
	Negative	Disgust/ Regret	M3	wahi aisa ek insaan karta hai jiske pass bilkul aqal hi nahi ho,
			M4	, itna sab kuch hone ke baad bhi insaan ke dil mein zara si bhi nahi hai ki haan bhai,
			F1	dilli jaise shehar mein aur desh ke tamam hisso mein , ladkiyo ke saath jiss terh se ho raha hai aur mane
			F2	delhi mein aise cases hona, kahan tak safe hain, toh emotionally connect ho hi nahi sakte agar wo
			F3	unke saath hua wo toh tha hi itna horrible tha ki, you know koi bhi blank hojarga sunke,
		Anger	M1	between me and the politicians or anyone at that moment, was a bit of anger!
			M2	I felt angry, anguish, its ugly
			M3	ki aur gussa bad rahe the
			M4	sytem bad ganda hai, kharab hai, !
			F1	logo ke andar jo ek natural gussa tha, ek anxiety tha
			F2	unhe, public ke hawale kardo, khud maar lenge,
			F3	youth ke liye gussa tha, wahan par sabka
			F4	humein laga ki logo ke beech gussa toh hai

**Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against
16/12 Gang Rape, New Delhi**

4. Out Group	Political Leaders	Corporate style functioning/ Organization/diplomats	M2	<p>apathy of the government and apathy among youngsters who were facing the harassment everyday</p> <p>they representing big corporate, big bushes and land bugs</p>
			M3	unke paas, power hai, but unhone kuch kiya nahi!
			M4	Agar wo kaam dhang se karte toh ye itna nobat hi nahi hi nahi aati, agar ,aur wo bahar nikal ke hi nahi aaye
			F2	uhone ne sirf speech di hai,
			F3	abhi toh sirf wo hi hai, ki humein khed hain, humein bahaut zada dukh hai, hum kuch na kuch action lenge
			F4	khat se ek FDI ka bill pass kar sakte hain, lekin aapko ek sensitive gender law pass karne mein aapko bahaut dikkat hoti hai,
	State Machinery		M1	Bankruptcy!
			M3	police ne response kar diya, unhone fire bhi kari aur lathi charge bhi ar diya, kafi log zakhmi bhi hogaye
			M4	hote hain, rashtrapati bhawan ke upar jo seediyaan thi, wahan par kahde hue the saare log, , police ke kaafi bade bade officers bhi khade hue the, toh wo log bas wahan se ideally dekh rahe the khade hoke

**Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against
16/12 Gang Rape, New Delhi**

			F1	poore movement mei kisike khilaaf naare lage hain toh wo dilli police ke khilaaf lagein hain, hmm, toh logo ka gussa state ke khilaaf tha bhale hi hum keh sakte hi ki arey ye toh political naare nahi the,
			F2	apni aankhon se dekha, lathi charge kara ...paani daala gaya, bahaut ganda response tha, upar se government ne bhi uspe kuch matlab action nahi liya, bethe hue the
			F3	humare saath police kaise kaise kar rahi hai, you know, aansu gas chodhna
			F4	unn logo ko lejake police thane mein bina wajah ke daalne ka kya wajah hai, to scare people away, tum log protest mat karo
	Protestors	Unable to relate/ poor identification with the group	M1	there were some of the you know, bad elements also, i have seen them, ok, but they don't have to do that but i identify myself, with those college students who were there for real
			M4	dekhiye, kuch groups aise bhi the jo ki galat harqatei bhi kar rahe the wahan par jaise plastic ki bottlein feqna aur
			F3	wahan par youth tha, they are showing notes and coins to the police, ki rishwat leni hai, rishwat lo lekin apna kaam karo , uss waqt mein bheed zada bad gayi thi

**Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against
16/12 Gang Rape, New Delhi**

5. Third Party	Media	Pro active (staged)	M4	kaafi jaise media mei bhi aaya tha,
			F1	mein media ko role ko, aa, is pore mei ek important role maanti hun
			F3	wahan pe koi nahi tha, wahan pe sirf media the, jinhone wo sab organize kar raha tha protest karne ke liye,
		Lack of sensitivity	M4	hungama ho raha hai, aur media wale bhi bas, wo cover kar rahe the footage wagera, ...!
			F1	lekin ek critic ke saath maanti hun
			F3	lekin wahan par media ke upar bhi bahaut sawal uthe , wahan par jo protestors the, unhone media ke upar bhi kissa banaya tha,
			F4	ek ye hai media hai, theek hai iss movement mein, unka positive role tha, lekin otherwise, rape cases ke prati media bhi itna zaada sensitive nahi hai, dalit rape cases, bahaut kam hi cover hote hai
		Implied Pressure	F1	chahati hun ki aisa nahi hai ki, UPA sarakar ka hridya badal, hridya parivartan ho gaya hai, hmm, ye ek poor andolna ka pressure tha
			F2	mujhe toh nahi lagta ki abhi tak ki kuch itna khaas hua hai, uske baad bhi abhi tak cases ho rahe hain,

**Social Identity Perspective on Resistance and Leadership: A Qualitative Study of Mass Protest against
16/12 Gang Rape, New Delhi**

	Social networking	Proactive	F3	facebook pe aaya, ki aisa sia hu ahai, fir meine, articles ke through gayi toh fir,
			F4	tweet karte rahe ki abhi humein peeta jar aha hai, abhi humein we were being banged on the wall, on our heads, toh ye sab hota raha tweeter mein
		Updated	M4	aajkal jo youth age hai, usme jagrakta hai kaafi , samajhdaari hai ki haan

Religiosity as a Predictor of Emotional Stability among Adolescence

Nancy Agrawal¹, Kehksha²

ABSTRACT

The study aimed at examining religiosity as a predictor of emotional stability among adolescence. The study was made by using random sampling method through the selection of 90 adolescents from Madrasa. The sample age ranged between 13 -18 years. Two instruments were used, named: Religiosity Scale and Emotional stability test. Data analysis involved the use of Pearson Product Moment correlation. The result showed positive correlation between religiosity and emotional stability. It appears from the trend of the result that religiosity and emotional stability are interrelated. It means if emotional stability increases the religiosity will also increases and vice versa. Though the relationship between these two variables is not very high but positive relationship exist between these two variables.

Keywords: *Religiosity, Emotional stability, Adolescents*

Adolescence is a period of personal and religious identity formation. Between the ages of 13 and 18, teenagers begin to more explicitly articulate their sense of who they are, including how they relate to their parents and their peers (Csikszentmihalyi & Larson, 1984; Erikson, 1958). Adolescence means to grow that refers to one's transitional stage of physical and mental human development that occurs between childhood adulthood. This transition involves biological, social and psychological changes, though the biological and psychological ones are the easiest to measure objectively. It is that opportunity time in an individual's life when he or she learns to make choices based on experience, skills and values gathered in this period. Many kids announce the onset of adolescence with a dramatic change in behaviour. Adolescence is also the time when a fast paced family, lifestyle, and school, peer-pressure, conflicting emotions including a sense of isolation, a need to experiment push an adolescent to drugs, alcohol and unsafe behaviour. Parents, schools and the community at large share the responsibility of harnessing an adolescent's potential for the betterment of self and the society. Bullying is a huge problem that exists among adolescents, though it is neglected in this part of the world.

^{1&2} Department of Psychology, Aligarh Muslim University, Aligarh

Bullying is the act of emotionally causing harm to others through verbal harassment, physical assault, or other more subtle methods of coercion such as manipulation. An adolescent can feel excitement gush through the views during this period of rapid growth. A sense of independence and risk taking behaviour takes place during this period. There are also several physical changes in the body because of the interplay of various hormonal changes. An adolescent is in the process of maturity with experience while interacting with others. Adolescents can shift moods rapidly/vacillating between happiness and distress and self-confidence and worry. Conflicts with friends, school pressure and their life are full of fantasies, can exacerbate the labile Emotional state of adolescents. The complete lack of empathy in adolescents could mean, a more significant underlying mental health issue exists.

SIGNIFICANCE OF THE STUDY

As we know that adolescence is the critical stage of an individual's life, they are hardly satisfied with their lives and are more concerned about their career. They have to struggle a lot to reach their goals of achievement that lead them to get success in their lives. They have diverse attraction towards many things. Therefore their life is often under conflict. As teens are burdened with the choices of right or wrong, good or bad, yes or no. we must believe that their basis for decision-making comes from somewhere, whether it is societal standards, parental guidance or spiritual upbringing, the teen will do what is right for them in any situation. Taking the matter into consideration, I decided to conduct a study on this topic for which the participants are particularly adolescents. The aim of the present study is to examine; if adolescents are not satisfied with their lives, less devoted to their religions, and are emotionally immature; How far these factors predict emotional stability of adolescents. After all, adolescents are considered to be the building blocks of the nation.

RELIGIOSITY

Religion, sometimes used interchangeably with faith, is commonly defined as belief concerning the supernatural, sacred, or divine, and the practices and institutions associated with such belief. In its broadest sense some have defined it as the sum total of answers given to explain humankind's relationship with the universe. Religion takes an almost infinite number of forms in various cultures and individuals, but is dominated by a number of Major World Religions.

Occasionally, the word —Religion is used to designate what should be more properly described as a —Religious Organisation— that is, an organisation of people that supports the exercise of some religion, often taking the form of a—Legal entity.

Religiosity, in its broadest sense, is a comprehensive Sociological term used to refer to the numerous aspects of religious activity, dedication, and belief. Another term that would work equally well, though less used, is religiousness. In its narrowest sense, religiosity deals with how religious a person is, and less with how a person is religious. Donahue (1985) focused his review and meta-analysis on Gordon Allport's (1950) conceptualization of intrinsic religion as an end in

itself) versus extrinsic (religion as a means to an end, such as social interaction) religious orientation. The review and meta-analysis demonstrated a number of findings, including a positive mean correlation between extrinsic orientation and two negative characteristics (“prejudice” and “fear of death”), and a lack of a relationship between intrinsic orientation and these same characteristics.

Dimensions of Religiosity

Religiosity is a multidimensional phenomenon that has been conceptualized and measured in multiple ways (cf. John E. Fetzer Institute, 1999). Some of the dimensions of Religiosity are as under:

Organizational religiosity- it refers to participation in formal religious activities requiring some level of social interaction with other persons.

Religious Affiliation- It refers to identification with a particular religious group (e.g., Protestant, Catholic, Jewish, Muslim, Buddhist, no affiliation) or denomination.

Subjective Religiosity-It refers to an internal evaluation or self-ranking of individual religiousness.

Religious belief- It is a cognitive dimension of religiosity.

Non-organizational Religiosity- It refers to religious activities and practices that can be performed in solitude and do not require interaction with other persons.

Religious Coping- It refers to religious behaviours and activities that people engage in to cope with stress or difficult life situations. Examples of religious coping include praying to God for assistance or emotional support, reading scriptures for comfort, and discussing problems with ministers or chaplains.

Emotional stability

Emotions are defined as an acutely disturbed affective process or state which originates in the psychological situation and which is revealed by marked bodily changes in smooth muscles, glands and gross behaviour. Emotional stability is considered as one of the important aspect of human life. It is one of the effective determinants of the personality patterns. An emotionally stable individual has the capacity to withstand delay in satisfaction of needs, capability to tolerate a reasonable amount of frustration, belief in long term planning and is able of delaying or revising his expectations in terms of demands of the situations.

According to Smitson (1974) emotional stability is the process in which the personality is continuously striving for greater sense of emotional health, both intra-physically and intra-personally. It has been emphasized that the emotionally stable individual has the capacity to withstand delay in satisfaction of needs, ability to tolerate a reasonable amount of frustration, belief in long term planning and is capable of delaying or revising his expectations in terms of demands of the situations. An emotionally stable child has a capacity to make effective adjustments with himself, members of the family, and his peers in the school, society and culture. However, stability does not mean merely the capacity for such attitudes and functions, but also the ability to enjoy them fully.

Sumal et al., (1998) examined the relationship between emotional stability and morality. It was observed that emotional stability was positively and significantly related to morality. Subjects who were emotionally stable obtained higher scores on morality compared to those who were emotionally unstable. It was concluded that morality depend on emotional stability.

Pajević I, Hasanović M, Delić A. to determine the influence of religious moral beliefs on the stability of adolescents' mental health. The sample consists of 240 mentally and physically healthy male and female adolescents attending a high school, who are divided into groups equalized by gender (male and female), age (younger 15, older 18 years); school achievement (very good, average student); behaviour (excellent, average); family structure (complete family with satisfactory family relations), and level of exposure to psycho-social stress (they were not exposed to specific traumatizing events). Subjects were assessed with regard to the level of belief in some basic ethical principles that arise from religious moral values. The score of the moral belief index was negatively correlated to neuroticism and depressiveness (Pearson's $r=-0.242$, $P<0.001$; $r=-0.311$, $P<0.001$, respectively). Spontaneous and reactive aggressiveness and irritability were negatively correlated with the score of moral belief index (Pearson's $r=-0.197$, $P=0.002$; $r=-0.147$, $P=0.023$; $r=-0.350$, $P<0.001$, respectively). Emotional instability is negatively associated with the moral belief index of the investigated adolescents (Pearson's $r=-0.324$, $P<0.001$). The moral belief index was highly negatively correlated with repression ($r=-0.206$, $P=0.001$), regression ($r=-0.325$, $P<0.001$), compensation ($r=-0.186$, $P=0.004$), transfer ($r=-0.290$, $P<0.001$) and defensive orientation ($r=-0.129$, $P=0.046$). Verified intellectualisation and reactive formation are in positive correlation with the moral belief index among our investigated adolescents (Pearson's $r=0.168$, $P=0.009$; $r=0.356$; $P<0.001$, respectively). A higher index of religious moral beliefs in adolescents enables better control of impulses, providing better mental health stability. It enables neurotic conflicts typical for adolescence to be more easily overcome. It also causes healthier reactions to external stimuli. A higher index of religious moral beliefs of young people provides a healthier and more efficient mechanism of anger control and aggression control. It enables transformation of that psychical energy into neutral energy which supports the growth and development of personality, which is expressed through socially acceptable behaviour. In this way, it helps growth, development and socialization of the personality, leading to the improvement in mental health.

OBJECTIVES OF THE STUDY

The purpose of the study is to measure the correlation between religiosity and emotional stability among the adolescence boys.

Research question

There are following research question in the present study

1. Is there any relationship between religiosity and emotional stability?
2. Is the correlation between religiosity and emotional stability is positive?

METHODOLOGY

Participants

For the current research, the sample size consists of 50 students from madarsa, were selected by means of random sampling technique. The age ranged between 12 to 18 years.

Research Tool

Religiosity scale- Religiosity scale, developed by Dacker and Broota (1985) was used to assess the dependency of individuals on supernatural powers and faith upon someone. This scale contains 44 items in which 25 items were positively framed and 19 were negatively framed. The highest score of this scale is 220 and the lowest score is 44. The reliability coefficient of this scale is 0.96. Validity has been found satisfactory for this scale.

Emotional stability Test scale – This scale is introduced by Gupta and Singh (1985). It contains 15 items. The maximum score of this scale is 15. This scale contains two positive and 13 negative items. Except 9 and 10, all the ‘yes’ responses are considered as negative. Negative responses are given + 1 and 0 is given to all other items. The test-retest reliability and split half reliability of this scale are 0.55., .070 respectively.

Procedure

The students were approached through management for the purpose of collecting information from students of madarsa. The data was collected individually. All the two scales were given to them and told about the purpose of the study and instructed to fill up the questionnaires as per the guide line printed in each questionnaire. They were asked to co operate to do this work for academic purpose and they agreed to give information on the entire questionnaire. In this way the data was collected and scored for the data analysis.

DATA ANALYSIS

Table – Pearson product moment co-efficient of correlation between religiosity and emotional stability among adolescence

Sample	Variable	N	Df	r	result
Boys	Religiosity	90	88	0.194	significant
	Emotional stability				

Significant at 0.5 level

For taking out the correlation between religiosity and emotional stability among adolescence, the obtained data were analyzed with the help of Pearson Product moment coefficient of correlation. The above table showed that r value as found between religiosity and emotional stability is 0.194. This value represents slightly positive correlation between both the variables. This value has been found significant at 0.5 level. It means that as the level of

religiosity increases, emotional stability will also increase among adolescence boys. Less religiosity develops less emotional stability among them. Though there is slight correlation, it has been stated that there is significantly positive relation between religiosity and emotional stability.

IMPLICATIONS

Motivating adolescence for prayers/ yoga sessions, designing multi faith prayer spaces, will strengthen adolescence's mental alertness, reduction of stress level and build up community spirit. For giving knowledge religion that is beneficial for increasing emotional stability & hypothetical thinking. Furthermore, it is important to focus on the age period of adolescence because it has been characterized as unique, being fraught with up heels of emotion and battles with those in .It is important to acknowledge adolescence as religious beings.

According to me

We are not human beings having a spiritual experience; we are spiritual beings having a human experience.

REFERENCES

- Allport, G. W. 1950. *The individual and his religion: A psychological interpretation*. New York: Macmillian.
- Csikszentmihalyi, M., & Larson, R. (1984). *Being adolescent: Conflict and growth in the teenage years*. New York: Basic Books.
- Donahue, M. J. 1985. Intrinsic and extrinsic religiousness: Review and meta-analysis. *Journal of Personality and Social Psychology* 48:400–19.
- Erikson, E. H. (1958). *Young man Luther: A study in psychoanalysis and history*. New York: Norton.
- Pajević I, Hasanović M, Delić A. The influence of religious moral beliefs on adolescents' mental stability. *Psychiatr Danub*. 2007 Sep;19(3):173-83.
- Smitson, W.S. (1974). The meaning of emotional maturity. *MH, Winter* 58, 9-11.
- Sumal et al., (1998). Emotional stability and morality: An empirical study. *Indian Journal of Psychological Issues*.

Psychosocial Models of Gender Development

Firdos Jehan¹, Mustafa Nadeem Kirmani²

ABSTRACT

The behavioral and psychological differences between women and men have puzzled social scientists for many years. Differences between men and women are often overestimated and their behavioral, cognitive and emotional differences are often attributed to innate biological factors. Stereotyped beliefs about men and women often have serious social and clinical implications. Research in gender psychology has shown that men and women are more similar than different. Besides biological models, psychologists have given many models which help describe and explain the various psychosocial theories of gender development. This paper will attempt to distinguish between two often confusing terms sex and gender and highlights various psychosocial models of gender development leading to possible gender differences in terms of cognitions, emotions and behaviors.

Keywords: *Gender, sex, gender development*

Sex refers to the biological categories of male and female, categories distinguished by genes, chromosomes, and hormones. Culture has no influence on one's sex. Sex is a relatively stable category that is not easily changed, although recent technology has allowed people to change their biological sex. Gender, by contrast, is a much more fluid category of male and female. These categories are distinguished from one another by a set of psychological features and role attributes that society has assigned to the biological category of sex.

Unger (1990) defines gender as “the cognitive and perceptual mechanisms by which biological differentiation is translated into social differentiation”. A feature of the male sex category includes the Y chromosome; regardless of whether a male wears a baseball cap or barrettes, is competitive or empathetic, he is of the male sex because he possesses the Y chromosome. Personality and appearance are related to the gender category. The first period focused on the differences between men and women and was marked by the publication of a book by Ellis (1894) titled *Man and Woman* which called for a scientific approach to the study of the similarities and differences between men and women.

¹Rehabilitation Psychologist, Jubilant Psyche Solutions, Aligarh

²Research Scholar, Department of Psychology, Aligarh Muslim University, Aligarh

Psychosocial Models of Gender Development

In the past two decades, research on sex and gender has proliferated. There have been two recent trends. The first has been to view gender as a multifaceted or multidimensional construct, meaning that the two dimensional view of masculinity and femininity is not sufficient to capture. The development of the unmitigated agency and unmitigated communion scales was a first step in this direction. The second research direction has been to emphasize the social context in which gender occurs. The research on genderdiagnosticity addresses this issue. Emphasis on the social context led to research on gender- role constraints, the difficulties people face due to the limits a society places on gender- role appropriate behavior.

Biological theories of sex differences identify genes and hormones, as well as the structure and function of the brain, as the causes of observed differences in physical appearance, cognition, behavior, and even gender roles.

PSYCHOLOGICAL MODELS OF GENDER DEVELOPMENT

It is important to understand the various psychological theories of gender development. These theories help us understand the origin of possible gender differences. The implication of these theories lies in knowing the possible gender differences in various aspects of behaviors in men and women.

Social Learning Model

According to social learning model, learning is produced by observation rather than by directly experiencing reinforcement or punishment (Mischel. 1993). Observation provides many opportunities for learning, including the learning of gender-related behaviors among children. The social environment provides children with examples of male and female models who perform different behaviors, including gender-related ones. The models who influence children include mothers and fathers, but also many others, both real people and media images of boys, girls, men, women, and cartoon characters. In observing these many male and female models, children have abundant opportunities to learn. However, not all models have the same influence for all children, and not all behaviors are equally likely to be imitated.

The differential influence of models relates to their power or prestige as well as to the observer's attention and perception of the similarity between model and observer. Children tend to be more influenced by powerful models than by models with less power (Bussey& Bandura, 1984), but children are also more influenced by models who are similar to them. This similarity extends to gender, with children more likely to imitate same-sex models than other-sex models. Another important factor in performing a learned behavior is observing the consequences of that behavior. If people observe a behavior being rewarded, then they are more likely to perform that behavior than if they see the same behavior punished or unrewarded. Social learning theorists believe that reinforcement and punishment are not essential for learning, which occurs through observation. Instead, reinforcement and punishment are more important to performance, affecting the likelihood that a learned behavior will be performed in circumstances similar to those observed.

Psychosocial Models of Gender Development

Children develop in an atmosphere in which they are exposed to models of gender-stereotypic behaviors "in the home, in schools, on playgrounds, in readers and storybooks, and in representations of society on the television screens of every household" (Bandura, 1986). These presentations do two things. First, all children are exposed to both female and male models, so all children learn the gender-related behaviors associated with both genders. Second, children learn which behaviors are gender-appropriate for them. Children learn that certain behaviors are rewarded for girls but not for boys; for other behaviors, the rewards come to boys and not to girls.

Children experience many sources of modeling and reinforcement, and these sources influence the development of gender-related behaviors (Beal, 1994). When their children are infants, parents interact differently with their sons and daughters. For example, children accept and show equal enthusiasm for toys typically considered girls' and boys' toys (Idle, Wood, & Desmarais, 1993), but parents use some gender-typical preferences in selecting activities and toys for their children. Studies that observe parental interactions with children have confirmed gender differences in treatment.

Social learning theory hypothesizes that these forces affect gender-related thinking, and children come to develop gender knowledge and gender standards for their own behavior. In children age 2 to 4 years, behavior typical of the same sex was more common than behavior typical of the other sex for all ages of children (Bussey & Bandura, 1984). The younger children in the study reacted to their peers in gender-stereotypical ways but did not regulate their own behavior by these same standards, whereas the older children did both. These results indicate that these 4-year-olds had begun to develop a coherent set of cognitive strategies for controlling their gender-related behaviors.

Sandra Bem (1985) criticized social learning theory, arguing that the theory portrays children as too passive. Bem pointed out that children's behavior shows signs of more active involvement than social learning theory hypothesize. Children do not exhibit a gradual increase in gender-related behaviors, but rather seem to form cognitive categories for gender and then acquire gender-related knowledge around these categories. In addition, research evidence suggests that children may develop stronger gender stereotypes than their parents convey, which implies that children actively organize information about gender. Other social theories of gender development place a stronger emphasis on cognitive organization than does social learning theory.

Cognitive Developmental Model

The cognitive developmental model was propounded by Piaget. He was inspired by the work of Lawrence Kohlberg (1966) on moral development of children. He attempted to understand children's moral development through children's cognitions. Cognitive developmental theory views the acquisition of gender-related behaviors as part of children's general cognitive development. This development occurs as children mature and interact with the

world, forming an increasingly complex and accurate understanding of their bodies and the world.

Cognitive developmental theorists see the development of gender-related behaviors as part of the task of cognitive development. Very young children, lacking a concept of self, can have no concept of their gender. Most 2½-year-olds are unable to consistently apply the words *boy* or *girl* to self or others; thus they fail at gender labeling. Kohlberg (1966) hypothesized that children acquire some preliminary category information about gender during early childhood, but gender constancy, the belief that their genders will remain the same throughout life, is a cognitively more complex concept that may not appear until between ages 4 and 7 years.

Cognitive developmental theory views the acquisition of gender-related behaviors as a by-product of the cognitive development of gender identity. Children begin to adopt and exhibit gender-related behaviors because they adopt a gender identity and strive to be consistent with this identity. On the other hand, social learning theory hypothesizes that children come to have a gender identity because they model gender-related behaviors. Through the performance of these behaviors, children conform to either the masculine or feminine social roles of their culture. In summary, social learning theory sees gender identity as coming from performance of gender-related behaviors, whereas cognitive developmental theory sees gender-related behaviors as coming from the cognitive adoption of a gender identity.

Gender Schema Model

Gender schema model is an extension of the cognitive developmental theory. A schema is "a cognitive structure, a network of associations that organizes and guides an individual's perceptions" Piaget used the term *schema* (plural, *schemata* or *schemas* to describe how cognitions are internalized around various topics; gender schema theory hypothesizes that children develop gender-related behaviors because they develop schemata that guide them to adopt such behaviors. In this view, gender-related behaviors appear not only as a result of general cognitive development, but also because children develop special schemata related to gender.

According to gender schema theory, the culture also plays a role in gender development, providing the reference for the formation of gender schemata. Not only are children ready to encode and organize information about gender, but they do so in a social environment that defines maleness and femaleness (Bem, 1985). As children develop, they acquire schemata that guide their cognitions related to gender. These schemata influence information processing and problem solving in memory and also regulate behavior (Martin & Halverson, 1981). Gender schema theorists posit that children use these schemata to develop a concept of self versus others, and each child's gender schema is included in that child's self-schema, or self-concept. In addition, gender schemata can provide a guide for concepts of personal masculinity and femininity, including personal judgments about how people personally fit, or fail to fit, these

schemata. Thus, gender schema theory provides an explanation for the concepts of masculinity and femininity and how people apply these concepts to themselves.

Bem (1985) emphasized the process rather than the content of gender schemata. The information in (he schemata is not as important as the process of forming schemata and acting in ways that are consistent with them. Gender schema theory predicts that that cognitive change that accompany schema formation lead to the ways that children process gender-related information, which changes the ways in which they behave.

Gender schema theory also predicts that developing gender schemata increases accuracy and memory for gender consistent information compared to gender-inconsistent information. A number of studies have demonstrated such memory effects in both children and adults. Gender – typed college students tended to remember words in clusters related to gender. For example, the women's proper nouns in a cluster and the men's names in another. This schematicity did not effect the number of words remembered, but the organization of memory differed according to participants' gender schemata. In addition, participants with strong gender schemata were faster at making gender-related judgments that were consistent with their gender schmeta than they were at making judgements inconsistent with their schemata.

In summary, gender schema theory extends the cognitive developmental theory by hypothesizing the existence of gender schemata, cognitive structures that internally represent gender-related information and guide perception and behavior. Children internalize their schemata for masculinity or femininity to form a self-concept, or self-schema, for gender-related behaviors. Research has indicated that gender schemata can affect the processing of gender-related information and can lead to gender stereotyping. Parents can attempt to circumvent gender-related messages by concentrating on the biological rather than the social correlates of gender, but all children come to understand their culture's messages about gender.

GENDER SCRIPT THEORY

Gender script model is an extension of gender schema theory, proposing that the social knowledge that children acquire concerning gender is organized in sequential form. Schemata are representations of knowledge, whereas scripts depict an organized sequence of events. Applied to gender role acquisition, gender scripts are "temporally organized event sequences. But in addition, gender scripts possess a gender role stereotype component which defines which sex stereotypically performs a given sequence of events" (Levy & Fivush, 1993). For scripts such as eating lunch, the gender of the actor is not important, but the script for cooking lunch is likely to be gender specific.

Therefore, the sequencing component of gender script theory seems to broaden the concept of gender schemata. The research on gender script theory is less complete than the other

Psychosocial Models of Gender Development

theories of gender role development, but this theory is a promising addition to the other social theories of gender development.

CONCLUSION

The development of gender identity and sex typed behavior is influenced by a complex network of biological, psychological and sociocultural factors. Since none of these model alone will not explain gender differences, various models of gender development have been proposed by a group psychologists to understand this interesting area of behavioral sciences. Gender is a complex issue, so other models of gender development need to be formulated based on inclusive approach.

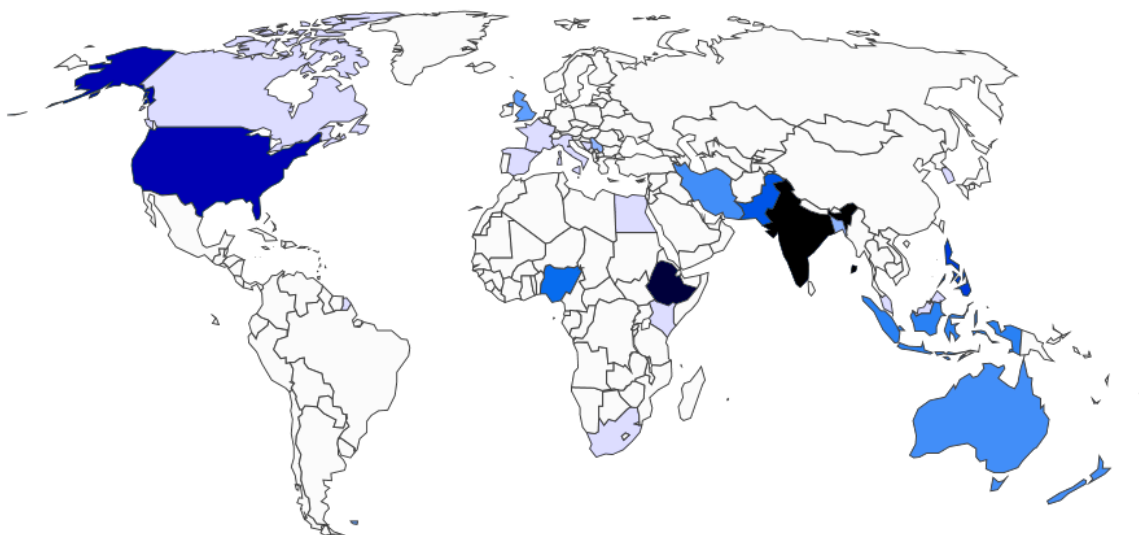
Table 1: A Comparison of Psychosocial Theories of Gender Development

Course of Development	Social Learning Theory	Cognitive Development Theory	Gender Schema Theory	Gender Script Theory
Sources of Gender Differences	Reinforcement & observation of models	General cognitive development especially gender constancy	Development of gender specific schemata	Learning gender scripts
Children participation involves.....	Choosing which model to imitate	Organizing information about the physical world	Developing schemata specific to gender	Developing scripts through social interaction
Beginning of Gender Development	Usually during infancy	During preschool years	During preschool years	During early preschool years
Gender development proceeds.....	Gradually, becoming more like adult knowledge	Through a series of stages	Through development of schemata	Through learning script components
Gender development finishes.....	During adulthood if at all	During late childhood or adolescents	During late childhood	When scripts are learned
Girls and boys.....	Develop gender knowledge as different gender related behaviors	Develop similar cognitive understanding of gender	Develop different structures and schemata depending on parents and family patterns	Develop different scripts., guided through learning stereotypes

REFERENCES

- Bandura, A. (1986). *Social foundations of thought and action. A social cognitive theory*. Englewood Cliffs, NJ: Prentice- Hall.
- Beal, C.R. (1994). *Boys and girls: The development of gender roles*. New York: McGraw- Hill.
- Bem, S. (1985). Androgyny and gender schema theory: A conceptual and empirical integration. In Theo B Sonderegger (Ed.), *Nebraska Symposium on Motivation*, 1984: Psychology and gender (pp, 179-226). Lincoln, NE: University of Nebraska Press.
- Bussey, K., & Bandura, A. (1984). Influence of gender and social power on sex linked modeling. *Journal of Personality & Social Psychology*, 47, 1292-1302.
- Ellis, H. (1894). *Man and Women*. London: Scott.
- Idle, T., Wood, E. & Desmarais, S. (1993). Gender role socialization in toy play situations: Mothers and fathers with their sons and daughters. *Sex Roles*, 28, 679-691.
- Kohlberg, L. (1966). A cognitive-developmental analysis of children's sex role concepts and attitudes. In Eleanor E. Maccoby (Ed), *The development of sex differences* (pp. 52-173). Stanford, CA: Stanford University Press.
- Levy, G.D. & Fivush, R. (1993). Scripts and gender: A new approach for examining gender role development. *Developmental Review*, 13, 126-146.
- Martin, C.L. & Halverson, C.F. (1981). A schematic processing model of sex-typing and stereotyping in children. *Child Development*, 52, 1119-1134.
- Mischel, W. (1993). *Introduction to personality* (5th ed.). Forth Worth: Harcourt Brace Jovanovich.
- Unger, R.K. (1990). Imperfect reflections on reality: Psychology constructs gender. In R.T. Hare Mustin & J. Marecek (Eds.), *Making a difference: Psychology and the construction of gender* (pp. 102-149). New Haven, CT: Yale University Press.

Top Countries at IJIP



India : 1,723

Ethiopia : 107

United States : 62

Philippines : 30

Pakistan : 13

Nigeria : 13

Indonesia : 6

United Arab Emirates : 1

Albania : 2

Brazil : 1

Germany : 17

Djibouti : 1

Netherlands : 3

Iran, Islamic Republic : 5

Australia : 8

New Zealand : 4

United Kingdom : 6

USA : 399

Serbia : 2

Bangladesh : 2

Bosnia and Herzegovina : 1

Malaysia : 3

Spain : 1

Iraq : 1

Cambodia : 1

Kuwait : 1

Italy : 1

Qatar : 1

Egypt : 1

Canada : 5

France : 2

Malta : 1

South Africa : 3

Korea, Republic : 2

Kenya : 5

Saudi Arabia : 1

Sweden : 1



The International Journal of
INDIAN PSYCHOLOGY

Submission open for Volume 2, Issue 4, 2015

The International Journal of Indian Psychology is proud to accept proposals for our 2013 and 2014 Issues. We hope you will be able to join us. For more information, visit our official site: www.ijip.in

Submit your Paper to,

At via site: <http://ijip.in/index.php/submit-paper.html>

Topics:

All areas related to Psychological research fields are covered under IJIP.

Benefits to Authors:

- Easy & Rapid Paper publication Process
- IJIP provides "Hard copy of full Paper" to Author, in case author's requirement.
- IJIP provides individual Soft Copy of "Certificate of Publication" to each Authors of paper.
- Full Color soft Copy of paper with Journal Cover Pages for Printing
- Paper will publish online as well as in Hard copy of journal.
- Open Access Journal Database for High visibility and promotion of your research work.
- Inclusions in all Major Bibliographic open Journal Databases like Google Scholar.
- A global list of prestigious academic journal reviewers including from WHO, University of Leipzig, University Berlin, University Hamburg, Sardar Patel University & other leading colleges & universities, networked through RED'SHINE Publication. Inc.
- Access to Featured rich IJIP Author Account (Lifetime)

Formal Conditions of Acceptance:

- Papers will only be published in English.
- All papers are refereed, and the Editor reserves the right to refuse any manuscript, whether on invitation or otherwise, and to make suggestions and/or modifications before publication.

Publication Fees:

`500/- OR \$ 15 USD for Online and Print Publication (All authors' certificates are involved)
`299/- per Hardcopy (Size A4 with standard Biding)

Use Our new helpline number: 0 76988 26988

**Edited, Printed and Published by RED'SHINE Publication. (India) Inc.
on behalf of the RED'MAGIC Networks. Inc.**

86: Shradhdha, 88 Navamuvada, Lunawada, Gujarat-389230

www.redshinepub.eu.pn | info.redshine@asia.com | Co.no: +91 99 98 447091